

Customer/Visitor Accessibility Feedback Form

Thank you for visiting our facility. We appreciate your feedback to ensure that we make future visits for yourself and other customers the best experience possible. Please complete this form in full and return to reception.

Name: _____

Date of Visit: _____ Time of Visit: _____ AM PM (circle one)

Was our customer service provided to you in an accessible manner?

Yes No Somewhat

Comments:

What can Boehmer Box do to make is easier for you to access our goods and services?

Contact Information

I wish to be contacted regarding my feedback: Yes No

If yes, please complete the following relevant information:

Preferred method of contact:

Email Phone Mail

Mailing Information:

Address: _____ Apt/Unit #: _____ City: _____
Province/State: _____ Postal/Zip Code: _____

Home Phone: (____) _____ Bus. Phone: (____) _____

Mobile Phone: (____) _____

email: _____