



Customer Service Feedback Form

Thank you for visiting us! We value all of our customers and strive to meet everyone's needs.

Please tell us your name, phone number and the date you were at Dart Canada Inc., called us (416) 332-3491, AODACanada@dartcana.ca or visited our website:

Date: _____

Name: _____

Phone Number: _____

1. Were you satisfied with the customer service we provided you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

3. Did you experience any problems accessing our goods and services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

4. Did you wish to be called back by phone?

<input type="checkbox"/> Yes Please	<input type="checkbox"/> No thank you	<input type="checkbox"/> No, other means see below
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Comments
