



# Customer Service Feedback Form

Form No. AC 2.03-1

Thank you for visiting Armstrong Manufacturing Inc. We value all of our customers and strive to meet everyone's needs.

Date:

Time:

Did we respond to your customer service needs today?

Yes   
No

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

Yes   
Somewhat   
No

*(please explain below)*

Did you have any problems accessing our goods and services?

Yes   
*(please explain below)*

Somewhat   
*(please explain below)*

No

Please add any other comments you may have:

Contact Information *(optional)*\*:

*\*Please Note: Personal information will be stored with the utmost confidentiality and only used by Armstrong Manufacturing Inc. for the purposes of improving our Customer Service in regards to Accessibility for Persons with Disabilities.*



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## Record of Customer Feedback

Date feedback received:

Name of customer (*optional*):

Contact Information (*if appropriate*):

Details:

Follow-up:

Action to be taken:

Staff member:

Date: