



Customer Service Feedback Form

Thank you for visiting a Gateman-Milloy Inc. location. We value all of our customers and strive to meet everyone's needs.

Please tell us the date and location of your visit:

Date: _____ **Location:** _____

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. Do you have any comments or suggestions to help us improve our service?

Comments:

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

After completing this form you may submit it by using any of the following methods,

Mail:

Gateman-Milloy Inc.
Human Resources
270 Shoemaker St
Kitchener ON N2E 3E1

Fax:

519-748-6626

Email:

hr@gatemanmilloy.com