

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:

te:	Location:	
1. Were you satisfied with the customer service we provided you?		
Yes	No No	Somewhat
Comments:		
Was our customer servi	ce provided to you in an acc	essible manner?
Yes	No No	Somewhat
Comments:		
Did you experience any	problems accessing our go	ods and services?
U Yes	□ No	Somewhat
Comments:		
4. Do you have any comments or suggestions to help us improve our service?		
Comments:		
	Were you satisfied with a Yes Comments: Was our customer servia Yes Comments: Did you experience any Yes Comments: Do you have any comme	Were you satisfied with the customer service we pro Yes Omments: Was our customer service provided to you in an accord Yes No Comments: Did you experience any problems accessing our good Yes No Comments: Did you experience any problems accessing our good Yes Did you experience any problems accessing our good Yes Do you have any comments or suggestions to help to access to access to help to access to access to help to access

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