



CUSTOMER SERVICE FEEDBACK FORM
AODA

Thank you for visiting Whitevale Golf Club! We value all of our customers and strive to meet everyone's needs. Please tell us the date and locations of you visit:

Date: _____ Location: _____

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

Yes

No

Somewhat

Comments:

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

Yes

No

Somewhat

Comments:

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

Yes

No

Somewhat

Comments:

Contact Information (Optional) Name: _____ Phone: _____

Email: _____

Thank-you,
The Management.