

AODA - Customer Feedback Form

Thank you for visiting Parkway Motors Hamilton! 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?

Yes	No	Somewhat
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Comments

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

Yes	No	Somewhat
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Comments

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

Yes	No	Somewhat
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Comments

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

Thank-you,

Parkway Motors Hamilton Management