



Customer Service Feedback Form

Thank you for visiting OPTIONS northwest! We value all of our customers and strive to meet everyone's needs.

Please tell us the date and area of your visit (ie: 3rd floor), and any comments to assist us in providing you with exceptional service and support:

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 services and supports?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

THANK YOU!