



AODA CUSTOMER SERVICE FEEDBACK

Thank you for visiting Primacare Living Solutions Inc. Your feedback is important to us. We consistently strive to improve accessibility for all our customers to meet their needs.

Please take a few moments to share your experience with us today.

Name: _____ Date of visit: _____
Departments _____ Approximate time of
visited: _____ visit: _____

Were you satisfied with our customer service today? YES NO

Did you have any problems with accessing our goods and/or services? YES NO

If YES, please explain:

What, in your opinion, can we do to resolve this problem?

May we contact you for additional information? YES NO

If YES, please provide your address and phone number:

In order for us to solve this problem efficiently and to help us better serve you and others in the future, please complete the following information.

Please circle your appropriate age range:

Less than 19 20-29 30-39 40-49 50-59 60-69 Over 70

I agree to allow Primacare Living Solutions Inc to use the information collected on this form.

Signature: _____ Date: _____