



Customer Service Feedback Form

Thank you for visiting Listowel Golf Club. We value all of our customers and strive to meet everyone's needs.

Please tell us the date of your visit:

Date: _____

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 goods and services?

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

4. Do you have any comments or suggestions to help us improve our service?

Comments:

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

After completing this form you may submit it by using any of the following methods,

Mail:

Listowel Golf Club
8380 Fairlane Road, RR#1
Listowel, Ontario, N4W 3G6

Email:

info@listowelgolfclub.ca