

AODA – Accessibility Standards for Customer Service Record of Customer Feedback Form

Thank you for visiting LOGIQ³. We value all our clients 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? (Please indicate your response(s) by circling or highlighting the chosen field)

<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

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

Thank you,

LOGiQ³ Management