



ACCESSIBLE CUSTOMER SERVICE FEEDBACK FORM



Thank you for visiting one of Alavida Lifestyles communities. 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.

1. Date of your visit: _____ Approximate time of your visit: _____

2. Departments visited: _____

3. Were you satisfied with our customer service today? YES NO

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

If YES, please explain: _____

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

6. May we contact you for additional information? YES NO

If YES, please state your e-mail address and/or telephone 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.

Do you currently have a disability? YES NO

If YES, please explain: _____

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 Alavida Lifestyles to use the information collected on this form.

Name: _____ Signature: _____ Date: _____

For Administrative use: forward form to the General Manager. Form to be filed in the complaints binder

