



Accessibility for Ontarians with Disabilities Customer Feedback Form

Thank you for visiting Tepperman's. We value our customers and strive to meet everyone's needs. Did we respond to your customer service needs today? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like a representative of Tepperman's to contact you regarding your feedback? <input type="checkbox"/> Yes (Please provide contact details and you will be contacted within 3 business days) <input type="checkbox"/> No	
Date of Visit:	Time of Visit:
Name (optional):	
Contact Information (optional):	
Was our customer service provided in an accessible manner? <input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No (please explain below)	
Did you have any problems accessing our goods and services? <input type="checkbox"/> Yes (please explain below) <input type="checkbox"/> Somewhat (please explain below) <input type="checkbox"/> No	
Please add any other comments you may have:	

Signature of Customer (optional): _____

Signature of Manager: _____