Grand River Sports Medicine Centre

Customer Service Feedback Form

Thank you for visiting Grand River Sports Medicine Centre! We value all of our customers 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?**

❑ Yes	❑ No	❑ Somewhat

Comments

_____

_____

2. **Was our customer service provided to you in an accessible manner?**

❑ Yes	❑ No	❑ Somewhat

Comments

_____

_____

3. **Did you experience any problems accessing our goods and services?**

❑ Yes	❑ No	❑ Somewhat

Comments

_____

_____

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____