



**Customer Feedback Form**  
With Reference to the Accessibility for Persons with Disabilities  
Customer Service Policy

Dear Valued Customers,

Thank you for visiting A.P. Plasman \_\_\_\_\_.  
(Insert facility name above)

Our customers are important to us and we work hard to meet everyone's needs. Feedback from our customers is vital to help us continue and improve the high quality of customer service we commit to providing our customers. Please take a moment to complete this short questionnaire.

**Tell us the date and time of your visit, and confirm who you met with and the purpose:**

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**Did we respond to your customer service needs during your visit?**

Yes       No

Comments: \_\_\_\_\_  
\_\_\_\_\_

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

Yes       Somewhat (explain below)       No

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Did you have any problems accessing our goods and services?**

Yes       Somewhat (explain below)       No

Comments: \_\_\_\_\_  
\_\_\_\_\_

Please add any additional comments you may have:

\_\_\_\_\_  
\_\_\_\_\_

Contact information (optional)\*: \_\_\_\_\_

Thank you.

Management

**A.P. Plasman Inc.**

**Email upon completion to: [AODA@theplasmangroup.com](mailto:AODA@theplasmangroup.com)**

**\*File copy must be kept on record with Facility HR Manager**