



Accessibility Feedback Form

Thank you for providing feedback on the services we offer at Bayview Flowers Ltd to individuals with accessibility needs. We value all feedback and strive to meet everyone’s needs in a manner that is appropriate and timely.

Please tell us about your visit:

Date: _____ Location: _____

<input type="checkbox"/> Customer	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Employee
<input type="checkbox"/> Visitor	<input type="checkbox"/> Other:	

Customer Service Feedback

1. Were you satisfied with the customer service we provided you?

<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



Accessibility Feedback

1. Were you satisfied with the recent accessibility services you, or others, received from Bayview Flowers Ltd.?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

2. In what ways can Bayview Flowers Ltd. serve you better?

Comments

Contact Information (Optional)

Name: _____ Phone Number: _____

Email: _____

Thank you,

Bayview Flowers Ltd. – Human Resources Department