



Date:

Customer Feedback Record

Customer Name: _____

Contact Details: _____

Did National Service Solutions:

Meet Customer Needs: _____ Yes _____ No

Provide Accessible Service: _____ Yes _____ No

Access to Goods & Services: _____ Yes _____ No

Additional Details:

Actions Taken:

Did The Customer Receive a Follow Up?

Yes _____ No _____ Date: _____

Please fax or e-mail this report to the Human Resources Department within 24 hours 613-525-0807