



Accessibility Feedback Form

Thank you for providing feedback on the services we offer at AVL Manufacturing Inc. 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 AVL Manufacturing Inc.?

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

2. In what ways can AVL Manufacturing Inc. serve you better?

Comments

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

Thank-you,
AVL Manufacturing Inc.- Human Resources Department