
Customer Feedback Form

Thank you for visiting *First Reformed Church – St Catharines*
We value and strive to meet the needs all of our guests, visitors and members.

Please tell us the date and time of your visit: _____

Did we respond to your customer service needs today? YES NO

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

YES SOMEWHAT NO (please explain below)

Did you have any problems accessing any of our ministries?

YES (please explain below) SOMEWHAT (please explain below) NO

Please add any other comments you may have:

Contact information (optional)*:

Name: _____ Phone: _____ Email: _____

Thank you.

Record of Customer Feedback

Date feedback received:

Name **[optional]**:

Contact information (if appropriate)*:

Details:

Follow-up:

Action to be taken:

[name of Accessibility Officer or designate]

Date:
