



## Customer Service Feedback Form

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Thank you for visiting Bingemans! We value all of our customers and strive to meet everyone's needs.

Please tell us the date and location of your visit:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

**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

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**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

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**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

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Contact Information (optional)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Thank-you,

Bingemans' Management Team