

Customer Service Feedback Form

Salus Global Corporation values all of our clients and strives to meet the diverse needs of our client base.

We have reviewed our policies and practices with respect to the delivery of our services to ensure they are accessible by persons with disabilities. If you have a disability and had difficulty accessing our services, or if you have improvements to suggest, kindly complete this questionnaire.

Please tell us the date and location of the service:

Date:

Location:

1. Were you satisfied with the level of service we provided you?

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

2. Were our services 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 services?

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

May we contact you to follow up and report on any action we have taken as a result of your feedback?

Contact Information (optional)

Name: _____ Phone Number: _____

Email address: _____

Thank you for your input.

Please email this form to:

Info@salusglobal.com