

# FASKEN

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## CUSTOMER SERVICE FEEDBACK FORM

Thank you for visiting Fasken! 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?

**Yes**

**No**

**Somewhat**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Yes**

**No**

**Somewhat**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you experience any problems accessing our services?

**Yes**

**No**

**Somewhat**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What can we do better?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Contact Information (optional):

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

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

Please send this completed form to :

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