

## **CUSTOMER SERVICE FEEDBACK FORM**

Date and Time of Visit:

Name of Person visited at Pallett Valo:

Did Pallett Valo respond to your customer service needs effectively? **Yes/No**

If no, please explain:

Did Pallett Valo provide our services in an accessible manner? **Yes/No**

If no, please explain:

Did you have any problems accessing Pallett Valo's services? **Yes/No**

If yes, please explain:

Additional Comments:

**Optional** – If you wish to be contacted, please provide your information below:

Full Name:

Email Address or Mailing Address:

Daytime Telephone Number:

**Thank you for your comments.**

**Please return this form to: Lesley Harrington, Office Manager**  
**[lharrington@pallettvalo.com](mailto:lharrington@pallettvalo.com) Fax: 905-273-6920**  
**90 Burnhamthorpe Road West, Suite 1600, Mississauga, ON L5B 3C3**