

BETHLEHEM HOUSING AND SUPPORT SERVICES

Date Received _____

Customer Service Feedback Form

We value your input and strive to meet everyone's needs.

Please identify the date of service experience, location and service being accessed:

Date: _____ Location: _____

Service being accessed: _____

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

1. 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

2. 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

Contact Information if you would like to hear from us (optional)

Name: _____

Building & Unit Number: _____

Phone Number: _____

Email: _____

Thank you.