



Feedback Form

Thank you for visiting Alliance Employment Services! 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 goods, services and facilities we provided you?

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

2. Was our goods, services and facilities provided to you in an accessible manner?

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

3. Did you experience any problems accessing our goods, services and facilities?

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

Contact Information (optional)

Name: _____

Phone Number: _____

Email: _____

Email this form to: [mail to:info@allianceemployment.ca](mailto:info@allianceemployment.ca). This form can be requested to be provided in accessible format.

Customers that provided feedback identifying concerns or complaints regarding the provision of services or goods to persons with disabilities, within 21 business days, will receive acknowledgment of receipt of their feedback along with a summary of any action taken by Alliance Employment Services in response.