Customer Service Feedback Form

Thank you for visiting Versa Fittings Inc. (o/a Brennan Industries). 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

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

|  |  |  |
| --- | --- | --- |
| * Yes
 | * No
 | * Somewhat
 |

Comments

1. **Did you experience any problems accessing our goods and services?**

|  |  |  |
| --- | --- | --- |
| * Yes
 | * No
 | * Somewhat
 |

Comments

Contact Information (optional)

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

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

Thank-you,

Management