



(AODA) Customer Feedback Form

Accessibility for Ontarians with Disabilities Act (AODA) Customer Service Feedback Form.

Thank you for visiting Signatures. We value all of our customers and strive to meet everyone's needs.

Please complete this PDF Form return to contact@signaturesrestaurant.com

Date of your visit ____/____/____ (format YYYY-MM-DD)

First Name: _____

Last Name: _____

Telephone: _____

Email: _____

Was our customer service provided to you in an accessible manner? Yes No Somewhat

Were you satisfied with the customer service we provided you? Yes No Somewhat

Did you experience any problems accessing our goods and services? Yes No Somewhat

Questions/Comments: