

VILLA ITALIA RETIREMENT RESIDENCE
Customer Feedback Form regarding Accessibility
FORM # HS-FRM-086

Date of Visit: _____

Time of Visit: _____

Name (optional) : _____

Would you like a representative from Villa Italia Retirement Residence to contact you regarding your feedback? Yes No

Contact Information (Optional) _____

Thank you for visiting Villa Italia Retirement Residence. We value our residents and strive to meet everyone's needs.

Did we respond to your customer service needs today? Yes No

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

Yes (please explain below) Somewhat (please explain below) No

Did you have any problems accessing our goods and services?

Yes (please explain below) Somewhat (please explain below) No

Please add any other comments you may have:

Signatures

Signature of Family Member or Customer: _____

Signature of Manager: _____