

Thank you for visiting our company. We value all of our customers, suppliers and visitors and strive to meet everyone's needs.

Please tell us the date of your visit:

Date: _____

1. Were you satisfied with the services we provided you?

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

2. Were our services provided to you in an accessible manner?

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

3. Did you experience any problems accessing our services?

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

Contact Information (optional)

Name: _____

Phone Number: _____

Email: _____

Thank you,
Advanced Rehabilitation Centres