

CUSTOMER FEEDBACK FORM

Thank you for visiting Ontario Mutual Insurance Association. We value all of our customers and strive to meet everyone's needs.

Date of Visit:

Time of Visit:

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

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

Yes

Somewhat

No

If **no**, please explain:

Did you have any problems accessing our goods and services?

Yes

Somewhat

No

If **yes**, please explain:

Please add any other comments you may have:

Contact Information (optional - if you would like to hear back from us):

Name:

Email:

Phone:

Thank you,

OMIA Management