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**Customer Feedback Form – AODA**

Thank you for visiting GSK Canada’s corporate website. Our customers are important to us and we work hard to meet everyone’s needs. Feedback from our customers is vital to help us improve the high quality of service we commit to providing to our customers. Please take a moment to complete this short questionnaire. Should you require alternative methods to provide your feedback, please don’t hesitate to ask. Accessible formats and communication support with respect to this feedback process are available upon request.

1. **Please tell us the time and date of your request or concern:**
2. **Did we meet your expectations today:**

Yes\_\_\_\_\_\_, Somewhat\_\_\_\_\_\_, No \_\_\_\_\_\_ (please explain)

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

Yes\_\_\_\_\_\_, Somewhat\_\_\_\_\_\_, No \_\_\_\_\_\_ (please explain)

1. **Please add any additional comments you may have:**

Thank you very much. If you would like us to contact you, please provide the following details confidentially.

**Name**:

**Contact info: Address and /or Email:**

**For Internal use**

**Record for Customer Feedback – AODA**

1. **Date the feedback was received:**
2. **Name of the Customer if known:**
3. **Contact Information if provided:**
4. **Details of the Feedback:**
5. **Follow-up required:**

Yes\_\_\_\_\_\_ Not Necessary\_\_\_\_\_\_

1. **Action to be taken:**
2. **Person Accountable :**
3. **Expected by Date:**
4. **Date Completed:**

**AODA Mgr Signature:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_