

Feedback Form

We recognize that receiving feedback provides a valuable opportunity to learn and improve.

Date: _____

Time: _____

1. Did we respond to and meet your customer service needs?

- Yes
- No
- Somewhat

Comments:

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

- Yes
- No
- Somewhat

Comments:

Other Comments:

Contact Information (OPTIONAL)

Name: _____

Phone Number: _____

E-mail: _____

Jumpstart protects your privacy and your personal information. Your personal information will not be shared with any other parties or used for any other purpose than for communicating with you regarding the comments or concerns that you have raised. We will make all reasonable efforts to address concerns or complaints immediately.

Please return this form to jumpstart@cantire.com.

Thank you.