



Accessibility for Ontarians with Disabilities Act, 2005

Customer Survey/Feedback

Wildwood Academy welcomes your comments and inquiries. Please take a few moments to assist us to achieve a higher level of customer satisfaction. If you would like a response to your comments, please provide your contact information in the area provided at the end of the survey.

1. Date and Time of Visit to Wildwood Academy	Date: _____		
	Time: _____ A.M. P.M.		
2. What was the purpose of your visit?	Tour <input type="checkbox"/>		
	Assessment <input type="checkbox"/>		
	In-School Production <input type="checkbox"/>		
	Community Event <input type="checkbox"/>		
3. How satisfied were you with the customer service you received?	Very Satisfied <input type="checkbox"/>		
	Satisfied <input type="checkbox"/>		
	Dissatisfied <input type="checkbox"/>		
	Very Dissatisfied <input type="checkbox"/>		
4. Was our customer service provided to you in an accessible manner?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
Additional Comments: 			
Would you like a representative to follow-up with you regarding your feedback?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
If yes, please provide your contact information.			
Name: _____			
Phone: _____ Email: _____			

Thank you for your input!