WALK-IN CUSTOMER SURVEY FORM

(Optional) Name: _____ Sex (assigned at birth): _____

Age : ☐ 17yrs & below ☐ 18-24 yrs old ☐ 25-54 yrs old 55-64 yrs old
☐ 65 and over

Your feedback is important to us. Help us improve our services by checking one of the smilies.

1. The staff who assisted me ha professionalism as they prov service/s I need.

2. The service/s provided is rele and applicable to my needs.

3. The service/s was delivered ir Timely manner.

Remarks (Suggestions/Recommendations/Complaints)

_____
_____
_____
_____
_____