



# AODA CUSTOMER FEEDBACK FORM

Thank you for visiting Zavida Coffee Company, Inc. We are committed to excellence in serving all customers and welcome your feedback. Your comments are essential to ensure that we continue to provide exceptional accessibility for our customers with disabilities.

1. What was the date and location of your visit?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

2. Were you satisfied with the level of customer service provided by Zavida Coffee Company, Inc.?

- Yes  
 No  
 Somewhat

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Was our customer service accessible and appropriate to your needs?

- Yes  
 No  
 Somewhat

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Did you have any difficulties and/or problems accessing our goods and services?

- Yes  
 No  
 Somewhat

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Information (optional)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Thank you for your feedback