

Customer Feedback Template

Use our Customer Feedback Template to help you to gather feedback that will help you improve the welcome and service you give to customers with access needs.

You and your party

Name:	
Address (optional):	
, ,	
Email address (optional):	
Date(s) of visit:	
Number of guests in party:	
,	
Types of impairment Which of these impairments directly affect	t any of the guests in the party?
Impairment	No of guests in
•	party affected
Visual impairment	
Hearing impairment	
Mobility or manual dexterity issues	
Hidden impairment (such as epilepsy or	nental health issues)
Will you share with us details of these hi	
-	
Cognitive impairment (such as learning of	
Will you share with us details of these cognitive impairment(s)?	
Speech impairment	
Dietary requirements	
Long term health issues	
Will you share with us details of these lo	g term health issues?
Aids	
Which of these aids are used by any of t	
Aid	No of guests in
	party who use
Glasses / contact lenses	
Magnifier	
Hearing aid	
Phone volume booster	
Assistance dog(s)	
Stick	
Walker	
Wheelchair – all the time	
Wheelchair – sometimes	
Are any other aids used by guest(s) in the	e party'?

How did we do?

Information - where did we do well?
Which aspects of the information we provided were particularly helpful or appropriate?
willion aspects of the information we provided were particularly helpful of appropriate:
Information - where can we improve?
Which aspects of the information we provided could we improve and how?
Facilities - where did we do well?
Which aspects of the facilities we provided were particularly helpful or appropriate?
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Facilities - where can we improve?
Facilities - where can we improve?
Facilities - where can we improve? Which aspects of the facilities we provided could we improve and how?
Which aspects of the facilities we provided could we improve and how?
Which aspects of the facilities we provided could we improve and how? Welcome and service - where did we do well?
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