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## AODA Customer/Patient Feedback Form

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Thank you for visiting VitalAire! We value all of our customers and strive to meet everyone's needs.

Please tell us the date and time of your visit:

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

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

- Yes
- No
- Somewhat

Comments

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

- Yes
- No
- Somewhat

Comments

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3. Did you have any problems accessing our goods and services?

- Yes
- No
- Somewhat

Comments

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Contact information (optional)

Name: \_\_\_\_\_

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

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

Thank-you,  
Management

