## **RE/MAX Realty Services Inc.**

## **Attention: Joanne Davies**

## **AODA** – Accessibility Standards for Customer Service Record of Customer Feedback Form

Recor	d of Customer	Feedback Form		
	ou for visiting REMAX ve to meet everyone'	( Realty Services Inc. We values needs.	e all of our customers	
Please to	ell us the date and lo	cation of your visit:		
Date:		Location:		
1.Was	our customer servi	ce provided to you in an ac	cessible manner?	
Ye	S	No	Somewhat	
2.Did y	ou experience any	problems accessing our go	ods and services?	
Ye	S	No	Somewhat	
Com	ments			
Contact	Information (optiona	I)		
Name:		Phone Numb	Phone Number:	
Email: _				