

ACCESSIBILITY FEEDBACK FORM

TransForm Shared Service Organization is committed to providing goods and services in a manner that respects the dignity and independence of persons with disabilities.

Please tell us the date and time of your access to our services: _____

Did we respond to your customer service needs today? Yes No

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

Yes Somewhat No (please explain below)

Did you have any problems accessing our goods and services?

Yes (please explain below) Somewhat (please explain below) No

Please add any other comments you may have:

Contact information (optional)

Telephone: _____

Email Address: _____