

Accessibility Feedback Form

Thank you for visiting Cedarlane. We value all individuals and strive to meet their needs. We recognize that receiving feedback provides a valuable opportunity to learn and improve.

Please tell us the date and location of your visit:

Date:

Location:

1. Did we respond to your needs?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments: _____

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments: _____

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments: _____

Optional information – only complete if you wish to be contacted.

Name: _____

Phone Number: _____ Email: _____

Address: _____

Thank you!

Please send back to HR@Cedarlanelabs.com

If you have questions, call our HR Department at 1-800-268-5058 ext 230. All feedback is directed to HR and responses will follow within 5 business days.