

CUSTOMER FEEDBACK FORM

Thank you for visiting Peel Mutual Insurance Company. We value all of our customers and strive to meet everyone's needs.

Please tell us the o	late and time	of your visit:				
Did we respond to your customer service needs today? Yes ☐ No ☐						
Was our customer	service provi	ded to you in a	ın accessil	ole manner?		
Yes	Somewhat		No 🗆	(Please expl	ain belc	w)
Did you have any p	oroblems acc	essing our goo	ds and se	rvices?		
No 🗆	Somewhat		Yes \square	(Please exp	lain bel	ow)
Please add any oth	ner comment	s you may have	e:			
Contact Informatio	n (optional - i	f you would like	e to hear b	ack from us):		
Thank you, Management						