

Ombudsman for Banking Services and Investments

Accessible Customer Service Feedback Form

Thank you for visiting OBSI. Your feedback is important to us. To help us better serve you by providing a fully Accessible Customer Service, please complete our feedback form. Alternate methods of providing feedback are available [upon request](#).

Date of Visit: _____

1. Were you satisfied with the customer service that we provided you today?

<input type="checkbox"/> Yes	<input type="checkbox"/> No (please explain below)	<input type="checkbox"/> Somewhat
------------------------------	--	-----------------------------------

Comments

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No (please explain below)	<input type="checkbox"/> Somewhat
------------------------------	--	-----------------------------------

Comments

3. Did you experience any problems accessing our services?

<input type="checkbox"/> Yes (please explain below)	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
---	-----------------------------	-----------------------------------

Comments

Contact Information (optional)

Name: _____

Phone Number: _____

Email: _____