



Customer Service Feedback Form

Thank you for visiting Cowan Insurance Group! We value all of our customers and strive to meet everyone's needs.

Please tell us the date and location of your visit:

Date: _____ Location: _____

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

Yes	No	Somewhat
-----	----	----------

Comments

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

No	No	Somewhat
----	----	----------

Comments

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

Yes	No	Somewhat
-----	----	----------

Comments

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

Thank you,
Human Resources