



**Customer Feedback Form**



Pharmetics (2011) Inc. recognizes that receiving feedback provides a valuable opportunity to learn and improve.

Every person has the right to make a complaint, offer a suggestion or compliment us on the way we provide goods or service to people with disabilities.

***Thank you for sharing your experience***

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Description of complaint, suggestion or compliment:

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*\*Complete the following section only if you want to be contacted:*

Name: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

**For more information, please contact us at [aoda@pharmetics.com](mailto:aoda@pharmetics.com)**

**Telephone: 905-639-4933**

**Fax: 905-639-4945**