

ELITEFeedback Form

Contact Information	
Please check one:	
Customer <input type="checkbox"/>	Employee <input type="checkbox"/> Other: _____ <input type="checkbox"/>
First Name:	Last Name:
Telephone:	Email:
If you are submitting this form on behalf of someone else, please specify your name and contact details below:	
Type of Feedback	
Commendation <input type="checkbox"/>	Complaint <input type="checkbox"/> Accessibility <input type="checkbox"/> Other <input type="checkbox"/>
Comments	

ELITEFeedback Form

For assistance in accessing this form please e-mail abe@elitewf.com or nzimmer@elitewf.com or call (905) 660-0049.

Completed forms can be sent by e-mail to abe@elitewf.com or nzimmer@elitewf.com