

MG&CC Member & Guest Service Feedback Form

Thank you for visiting Mississauga Golf & Country Club! We value all of our members and their guests and strive to provide the highest levels of service.

Please provide us with your feedback.

Date: _____ Location at the Club: _____

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

Thank you. We appreciate your feedback!

For Club Use Only

Date Feedback was received: _____ Received By: _____

Follow Up required: Yes No If yes, when was it done: _____
Action Plan required: Yes No

If yes, please explain what action was taken: