

Accessible Customer Service Feedback Form

Thank you for taking the time to provide us with feedback. This Form will be sent directly to the President of MedThree Insurance Group Inc., whom will reply to you within 5 business days using the format you prefer.

Please check the box of your preferred response format, and provide your contact information, so that we may reply to your feedback.

Name: _____

- Phone: _____
- Email: _____
- Mail: _____
- Other: (please specify) _____

Date of Contact: _____

Reason for Contact: _____

Please comment on the accessible customer service provided during your visit:

Were your accessibility needs met?

- Yes
- No

Please specify:

What can MedThree Insurance Group do to improve the accessibility of our customer service?

Other Comments:
