



Customer Feedback Form

Thank you for visiting Steinbach Credit Union.
We value all of our members and strive to meet everyone's needs.

Please tell us the date and location of your visit:

Date: _____ Branch: _____

1. Were you satisfied with the service we provided you? (Please indicate your response(s) by circling or highlighting the chosen field)

YES

NO

SOMEWHAT

Comments

2. Did we provide you service in an accessible manner?

YES

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: _____