

Customer Accessibility Feedback Form

Thank you for contacting Allstream. We value our customers and strive to satisfy their needs.

Please tell us the date and time of your call or contact.

Did we respond to your customer service needs today?

☐ Yes

☐ Somewhat

☐ No (please explain below)

Was our customer service provided to you in an accessible manner?

☐ Yes

☐ Somewhat

☐ No (please explain below)

Did you have any problems accessing our goods and services?

☐ Yes (please explain below)

☐ Somewhat (please explain below)

☐ No

Please add any other comments you may have:

Contact information (optional):

Thank you.