

ACCESSIBILITY FOR CUSTOMER CARE POLICY Feedback Form

NAME: _____

DATE: _____

PHONE NUMBER: _____

EMAIL: _____

Is the Victoria Place Facility Accessible to You? Please explain.
(Something that was helpful for you or any difficulty you may have encountered.)

Staff Response (NMCALII staff only)

Staff Signature: _____ Date: _____

By providing your email address you are giving NMCALII consent to send you emails. You may 'opt out' of these any time by emailed the General Manager and asking to be removed from the email list, Thank You.