



Customer Feedback and Response Form

Thank you for visiting Carefirst. We value all of our customers and strive to meet everyone's needs. Your feedback is important for our continuous quality improvement.

Note: Any processes currently in place for receiving and responding to feedback (e.g., questionnaires, surveys, etc.) are accessible to persons with disabilities. Let us know and we will provide or arrange for the provision of accessible formats and communications upon request.

1. Please tell us the date, time and location of your visit. Date: _____ Time: _____ Location: _____
2. Did we respond to your customer service needs today? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Was our customer service provided to you in an accessible manner (if needed) that meets your needs? Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No <input type="checkbox"/> (please explain _____)
4. Did you have any problems accessing our services and facilities? Yes <input type="checkbox"/> (please explain _____) Somewhat <input type="checkbox"/> (please explain _____) No <input type="checkbox"/>
5. Do you need the feedback form in an accessible format?
6. Please add any other comments you may have:
7. Contact information (optional)*

Thank you.

Record of customer feedback received [For company use only]	
Date feedback received:	
Name of customer (optional):	Contact information (if appropriate)*:
Was there a request for an accessible format of the feedback form? What arrangements were made to provide the form in an accessible format, or to receive the person's feedback in another way other than the form?	
Details on the feedback provided:	
Follow-up and action to be taken:	
Handled by:	Date: