



SUPERIOR GLOVE WORKS LTD.
Customer Service Accessibility - Suggestion Form



Personal Information (Please print)

Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Date: _____ Signature: _____

Please describe the nature of your concern or complaint:

Please provide suggestions or recommendations for change:

For Office Use Only – Outcome/Action(s) Taken

Personal information on this form will be used to provide feedback to complaints and suggestions received from Superior Glove Works customers with disabilities.