

CUSTOMER COMMENTS

PURPOSE OF VISIT		
<input type="checkbox"/> Counseling or Enrollment	<input type="checkbox"/> Testing Services	
<input type="checkbox"/> Learning Center or MOS Library	<input type="checkbox"/> Other	
Check the Face that best describes your feelings about the service you received.		
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Please add comments Below		
Name	Organization	Date
If this is a complaint, please provide your phone number (work number only).		