



ACCESSIBILITY FEEDBACK FORM

CPL is committed to improving accessibility for individuals with disabilities. We would like to hear your comments, questions, or suggestions about the provision of our products or services to individuals with disabilities.

Please tell us the date, time, and location of your visit:

Date: _____

Time: _____

Location: _____

Did we respond to your customer service needs today? YES NO

Was our service provided to you in an accessible manner?

YES SOMEWHAT (please explain below) NO (please explain below)

Did you experience any difficulties accessing our services?

YES SOMEWHAT (please explain below) NO (please explain below)

Do you have any other comments to help us better serve individuals with disabilities?



Thank you for your feedback.

Contact Information (optional):

If you wish to receive a response from CPL concerning your inquiry, suggestion or concern, please provide the following information:

Name: _____

Email: _____

Phone: _____

Please note: any personal information collected through completion of this Feedback Form will be kept private and will only be used for the sole purpose of responding to the submitted inquiry.