



GREAT CANADIAN VAN LINES

"CANADA'S MOVING COMPANY"

SERVICE REPORT

Customer Name: _____

Reg #: _____ Email: _____

Please rate us in the following categories from 1 – 5,
5 being the highest.

	1	2	3	4	5
Moving Consultant:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispatch:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving Crew:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Service:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:
