

Accessibility feedback form

The ultimate goal of Allianz Global Assistance is to serve our customers with disabilities to the best of our abilities. Any comments regarding our services and our commitment are appreciated.

Please indicate the date of your interaction with us (dd/mm/yyyy): _____

Please tell us which department you dealt with: _____

How satisfied were you with the accessible customer service received from the department indicated above?

Please indicate if you were:

☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Not satisfied ☐ Not applicable

On a scale of 1 to 10, 1 being very poor and 10 being excellent, how accessible were our services? _____

Please identify what Allianz Global Assistance could have done to improve our services in terms of accessibility?

Please provide any additional comments you may have:

Would you like a representative from Allianz Global Assistance to follow up with you regarding this feedback?

☐ Yes ☐ No

If yes, please provide your contact information below:

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____ Phone Number: _____

Email: _____

Please provide us with your preferred contact method:

☐ Phone ☐ Email ☐ Mail ☐ Other: _____