

**Accessible Customer Service**

**Summary Training Report**

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Your frontline staff within your department has taken the accessible customer service training in which format:

- E-Learning Modules
  - Individual
  - Group In-Class
  - Group Computer Lab
- Alternate Learning Sessions

Please check off which employees within your department have completed the training:

- All employees
- Not all employees

Due to:  Absence

Other: \_\_\_\_\_

Number of employees still to complete: \_\_\_\_\_

State below your Action Plan to ensure those who have not completed the Accessible Customer Service training will do so, and when:

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\_\_\_\_\_  
Authorizing Person (Print)

\_\_\_\_\_  
Extension

\_\_\_\_\_  
Authorizing Person (Signature)

\_\_\_\_\_  
Date