



**ACCESSIBILITY FOR ONTARIANS
WITH DISABILITIES POLICY
Customer Satisfaction Feedback Form**



Our goal at the Township of Val Rita-Harty is to provide you, our customer, with excellent service and to show how much we value, and appreciate you, by meeting and exceeding your expectations. Please take a few minutes to answer the following questions about the service you received today. (If you require an alternative format in order to provide your feedback, please let us know).

Please take a few moments to share your experience with us today.

1. Date of your visit: _____

2. Approximate time of your visit: _____

3. Department/Facility visited: _____

4. Were you satisfied with our customer service today?

YES NO If NO, please explain:

5. Did you have any problem(s) with accessing our services and/or goods?

YES NO If YES, please explain:

6. What, in your opinion, can we do to resolve this problem (s)?

7. Is this problem common occurrence and if so, what in your opinion, ca we do to remedy the problem?

8. May we contact you for additional information? YES NO

If yes, please provide your phone number and/or email:

Phone:

Email:

In order for us to resolve this problem effectively and to help us better serve you and others in the future, please complete the following information:

Do you currently have a disability? YES NO

If yes, please explain:

I agree to allow the Township of Val Rita-Harty to use the information collected on this form.

Name: _____ Signature: _____

Date: _____

Internal Use Only

Accessible Customer Feedback Reference #: _____ Entered by: _____

Date: _____