

## Customer Feedback Form

We value all of our customers and strive to meet everyone's needs.

Your feedback is important to us. By answering the following questions, you will help our organization to better assist you.

1	Date and time of your visit:	
2	Did we respond to your customer services needs today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Was our customer service provided to you in an accessible manner?	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No (please explain below)
4	Did you encounter any problems in accessing our good and services?	<input type="checkbox"/> Yes (please explain below) <input type="checkbox"/> Somewhat (please explain below) <input type="checkbox"/> No

Please add any other comments you may have:

Contact information (optional):

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Thank you,  
The Township of Oro-Medonte

Accessible formats available upon request.