



Accessible Customer Service Feedback Form

Name (optional)	Date
Contact Information: (optional) Email: Phone: Address:	
Please tell us the facility, date and time of your visit: <hr/>	
1. Did we respond to your customer service needs today? Yes ___ No ___	
2. Was our customer service provided to you in an accessible manner? Yes ___ Somewhat ___ No ___ (please explain below)	
3. Did you have any problems accessing our goods and services? Yes ___ (explain below) Somewhat ___ (explain below) No ___	
Please add any other comments you may have: <hr/> <hr/> <hr/> <hr/>	
Thank you. – Please email to lmartin@town.southbruce.on.ca or fax to 519-392-6266	
Response Required:	Department Responsible

*If you require follow up, please provide contact information where you can be reached.