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# ACCESSIBLE CUSTOMER SERVICE CUSTOMER FEEDBACK FORM

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Feedback from our customers gives the Township of Drummond/North Elmsley staff and Council opportunities to learn and improve. Please tell us the date and time of your visit:

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

Facility: \_\_\_\_\_

Name of staff involved if applicable: \_\_\_\_\_

Did we respond to your customer services needs today?

YES                       NO

Was our customer service provided to you in an accessible manner?

YES       SOMEWHAT (please explain below)       NO (please explain below)

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Did you have any problems accessing our goods and services?

NO       SOMEWHAT (please explain below)       YES (please explain below)

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Please add any other comments you may have:

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Contact Information:

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