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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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