



Accessible Customer Service

Feedback Form

We thank you for visiting The Corporation of the Township of Cramahe. We value all of our customers and strive to meet everyone's needs. Please tell us the date and time of your visit: _____

1. **Were you satisfied with the accessible customer service you have received?**

___ Yes ___ No ___ Somewhat

Comments: _____

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

___ Yes ___ No ___ Somewhat

Comments: _____

3. **Did you experience any problems accessing our goods and services?**

___ Yes ___ No ___ Somewhat

Comments: _____

Contact Information (Optional)

Name: _____

Phone Number: _____

Email: _____

Other: _____

Please deliver to 1 Toronto Street, Colborne ON K0K 1S0

Fax: 905-355-3430

Phone: 905-355-2821 Ext 223

Email: amcnichol@cramahetownship.ca



Municipal Staff
Response to Customer Feedback
(Office use only)

Date feedback was received: Name of customer (Optional)

Contact information (if appropriate)

Details:

Follow up to feedback:

Future action to be taken:

Staff Member: _____

Date: _____