



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 the time of your visit: _____

Were you satisfied with the accessible customer service you have received?

Yes No Somewhat

Comments:

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

Yes No Somewhat

Comments:

Did you experience any problems accessing our goods and services?

Yes No Somewhat

Comments:

Contact Information:

Name: _____ Phone Number: _____

Email: _____ Other: _____

Please deliver to 1 Toronto Street, Colborne, ON K0K1S0

Fax: 905-355-3480

Phone: 905-355-2821 Ext. 233

Email: building@cramahe.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 feedback:

Further action to be taken:

Staff Member: _____

Date: _____