

**Accessible Customer Service  
Feedback Form**

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Feel free to attach an additional sheet should you require more space.

**Contact Information (optional)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Other \_\_\_\_\_

Please fax to 905 355-3430 or  
Call 905 355-2821 Extension 224 or  
Email [cbrooks@cramahetownship.ca](mailto:cbrooks@cramahetownship.ca) or  
Deliver to 1 Toronto Street, Colborne



**Date feedback received: Name of customer [optional]:**

\_\_\_\_\_

**Contact information (if appropriate):** \_\_\_\_\_

**Details:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Follow up to feedback:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Future action to be taken:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Staff member:** \_\_\_\_\_

**Date:** \_\_\_\_\_