

ACCESSIBLE CUSTOMER SERVICE FEEDBACK FORM

Regarding provision of Goods and Services to Persons with Disabilities

Thank you for visiting the Township of Chapple. We value all of our customer and strive to meet everyone's needs.

Please tell us the date and time of your visit _____

Staff Member, Department or Services Location you visited: _____

Did we respond to your customer service needs today?

YES

NO

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

YES

SOMEWHAT - Please explain: _____

NO - Please explain: _____

Did you have any problems accessing our goods and services?

YES - Please explain: _____

SOMEWHAT - Please explain: _____

NO

Please add any other comments you may have: _____

Contact information (optional): _____
