



Accessibility Customer Service Feedback Form

Thank you for visiting a Township of Bonfield Facility and/or website. We value all of our customers and strive to meet everyone's needs.

Let us know how we did in serving you.

Please indicate which Township of Bonfield facility you visited.

- ☐ **Municipal Office**
- ☐ **Public Library**
- ☐ **Medical Centre**
- ☐ **Fire Department**
- ☐ **Parks __ Centennial __ Kaibuskong __ Rutherglen __ Covered Rink Building**
- ☐ **Public Works**
- ☐ **Website**

Please tell us the date and time of your visit (yyyy-mm-dd) (hh:mm)

Did we respond to your customer service needs?

- ☐ **Yes**
- ☐ **No**

Was customer service provided to you in an accessible manner?

- ☐ **Yes**
- ☐ **No**
- ☐ **Somewhat**

If you answered somewhat or no, please explain below.

Contact Information: Name and telephone number

Email Address



Schedule E

Document for Addressing Customer Feedback

Date feedback received: Name of customer [optional]:

Contact information (if appropriate):

Details:

Follow-up:

Action to be taken:

Staff member: _____

Date: _____