



# ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES POLICY

## Customer Satisfaction Feedback Form



Our goal at the City of Timmins is to provide you, our customer, with excellent service and to show how much we value, and appreciate you, by meeting and exceeding your expectations. Please take a few minutes to answer the following questions about the service you received today. (If you require an alternative format in order to provide your feedback, please let us know).

Please take a few moments to share your experience with us today.

1. Date of your visit: \_\_\_\_\_
2. Approximate time of your visit: \_\_\_\_\_
3. Department/Facility visited: \_\_\_\_\_
4. Were you satisfied with our customer service today?  
 YES  NO If NO, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Did you have any problem(s) with accessing our services and/or goods?  
 YES  NO If YES, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What, in your opinion, can we do to resolve this problem (s)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Is this problem a common occurrence, and if so, what, in your opinion, can we do to remedy the problem(s)?

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8. May we contact you for additional information?  YES  NO

If yes, please provide your phone number and/or email:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In order for us to resolve this problem effectively and to help us better serve you and others in the future, please complete the following information:

Do you currently have a disability?  YES  NO

If yes, please explain.

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I agree to allow the Corporation of the City of Timmins to use the information collected on this form.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Internal Use Only**

Accessible Customer Feedback Reference #: \_\_\_\_\_ Entered by: \_\_\_\_\_

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