



CUSTOMER FEEDBACK FORM



At the Town of Midland we value our customers and strive to meet everyone's needs. This completed form will assist us in determining if there are areas where we need to improve in order to serve you better.

Please tell us the date and time of your visit:

Do you have a disability? Yes No If yes, please identify your disability (optional):

Are you submitting this feedback form on behalf of a person with a disability?

Yes No If yes, please identify their disability (optional): _____

What Facility/Department/Service does the feedback pertain to?

- North Simcoe Sports and Recreation Centre
- Library
- Fire Hall
- Transit
- Municipal Office
 - General Inquiries Counter
 - Treasury/Tax Counter
 - Planning/Engineering Counter
- Transit
- Communications (website, publications, signage, meetings)
- Parks and Open Space (trails, parks, playground equipment)
- Customer Service (cashier, front-line staff)
- Recreational Programs (internal/external)
- Other _____

Did we respond to your customer service needs today? YES NO

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

YES SOMEWHAT NO (please explain below)

Did you have any problems accessing our goods and services?

YES (please explain below) SOMEWHAT (please explain below) NO

Please add any other comments you may have:

Suggestions for Improvement/Resolution:

If you wish to receive a response to your feedback, please provide your contact information below.

Contact Information:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Thank you for taking the time to complete this form, your comments are appreciated.

Date Received: _____ Date Action Taken: _____
Action Taken: _____
Copy of Customer Feedback Form provided to Administration – Date: _____