



CUSTOMER FEEDBACK FORM

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

Your feedback is important to us. By answering the following questions you will help the Township of Chatsworth to better assist you.

1	Date and Time of your visit:	
2	Did we respond to your customer services needs today?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please explain below)
3	Was our customer service provided to you in an accessible manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please explain below) <input type="checkbox"/> Somewhat
4	Did you encounter any problems in accessing our goods and services?	<input type="checkbox"/> Yes (please explain below) <input type="checkbox"/> No <input type="checkbox"/> Somewhat (please explain below)

Please add any other comments you may have:

Your Contact Information:

Thank You.