



The Corporation of the Township of Chapple

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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 customers and strive to meet everyone's needs.

1. Please tell us the date and time of your visit: _____

2. Staff Member, Department or Services Location you visited:

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

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

YES SOMEWHAT - Please explain: _____

NO - Please explain: _____

5. Did you have any problems accessing our goods and services?

YES - Please explain: _____

SOMEWHAT - Please explain: _____

NO - Please explain: _____

6. Please add any other comments you may have: _____

Contact information (optional): _____
