

**NORTH FRONTENAC ACCESSIBILITY – CUSTOMER SERVICE  
STANDARDS PROCEDURES**

SUBJECT:  
**Accessible Customer Service Standards  
Procedures to Provide Goods and Services to  
Persons with Disabilities**

POLICY NO: 2

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**Township of North Frontenac Customer Feedback Form**

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

Please tell us the date and time of your visit: \_\_\_\_\_ at \_\_\_\_\_

Staff Person or Position: \_\_\_\_\_

Location: \_\_\_\_\_ Department: \_\_\_\_\_

Did we respond to your customer service needs today?  
 YES  SOMEWHAT  NO (please explain below)

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Please add any other comments you may have:

\_\_\_\_\_  
\_\_\_\_\_

Please check the box if you would like to receive a response to your feedback.

Contact information: \_\_\_\_\_

\_\_\_\_\_

ISSUE DATE:  
December 17, 2009

APPROVED BY:

REVISION DATE:

APPROVED BY: