



Our goal at the Town of Cochrane 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 NO, 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)?