THE TOWN OF COCHRANE
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ONTARIO, CA
COCHRANE
WONDERFULLY UNEXPECTED

ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES

Customer Satisfaction Feedback Form

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. Approximately 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 YES, 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)?

_____

_____

_____

8. May we contact you for additional information? ☐ YES ☐ NO

   If yes, please provide your phone number and/or email address

   Phone: _____ Email: _____

In order for us to resolve this problem effectively and to help us better serve you and others in the future, please complete the following information:

Do you currently have a disability? ☐ YES ☐ NO

If yes, please explain:

_____

_____

_____

_____

_____

_____

I agree to allow the Corporation of the Town of Cochrane to use the information collected on this form.

Name:_____ Signature: _____

Date: _____

Internal Use Only

Accessible Customer Feedback Reference#: _____ Entered by: _____

Date:_____