

# **CUSTOMER FEEDBACK FORM**

**Suggestion**       **Concern**       Date: \_\_\_\_\_

Can we contact you if more information is needed?

Would you like us to follow up with you?

If yes to either of these questions, please provide your contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ E- Mail: \_\_\_\_\_

**Subject:** \_\_\_\_\_

**Description:**

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

Return form to:

Coordinator of Corporate Accessibility Planning and Inclusion Services

City Hall, 50 Dickson Street, Cambridge ON N1R 5W8.

To request this document in an alternate format please contact 519-740-4681  
ext. 4689. TTY 519-623-6691.

**Office Use:**

Please indicate staff person who received feedback: \_\_\_\_\_ Dept: \_\_\_\_\_

Follow-Up/Action: \_\_\_\_\_

**Related Policy Document No:**C-90.010