The Corporation of the City of Cambridge
www.cambridge.ca

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