Appendix C: Providing Goods and Services to People with Disabilities Feedback Form

Accessible Customer Service Feedback Form

Thank you for visiting *The Township of St. Joseph*. We value all of our customers and strive to meet everyone's needs. Your feedback is important to us.

To help us better serve you by providing fully Accessible Customer Service, please complete our feedback form using this form or asking us for the form in alternative formats.

Did we respond to your customer service needs today? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				
Was our customer YES	service provided to you			olain below)
Did you have any problems accessing our goods and services? ☐ YES (please explain below) ☐ SOMEWHAT (please explain below) ☐ NO				
Please add any other comments you may have:				
Contact information	on (optional):			
Thank you.				

Organization contact information.