

ENG FR



Required fields are marked with asterisks (\*)

## ACCESSIBLE CUSTOMER SERVICE FEEDBACK FORM

*Providing Goods and Services to People with Disabilities*

We value all of our customers and strive to meet everyone's needs.

**Name \***

Required

**Telephone Number (If you prefer that we contact you by telephone please enter a telephone number where we can reach you during the day)**

(xxx) xxx-xxxx

**E-mail Address \***

name@sample.com

**Please tell us the date of your visit. \***



**Please tell us the time of your visit. \***

**Staff member, Department or Service you visited? \***

**Did we respond to your customer service needs on that date and at that time? \***

☐ Yes

☐ No

**Was our customer service provided to you in an accessible manner? \***

☐ Yes

☐ Somewhat

☐ No

**If you answered no please explain why.**



**Did you have any problems accessing our goods and services? \***

- ☐ Yes
- ☐ Somewhat
- ☐ No

**If you had any problems accessing our goods and services please explain why.**

Thank you for submitting the Accessible Customer Service Feedback Form.

Someone from the City will contact you within 3 business days.

Submit

Save