

Accessible Customer Service Feedback Comment Form

The Township of Springwater is working hard to ensure our facilities and services meet your needs and expectations through the Accessibility for Ontarians with Disabilities Act.

Date and time of your visit: _____

Location of your visit: _____

Questions	Fill In the Area Below
Did we respond to your customer service needs today?	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No
Was our customer service provided to you in an accessible manner?	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No
Please explain:	
Did you have any problem accessing our services?	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No
Please explain:	
Please provide any additional comments:	
Would you like to be contacted in response to this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please provide your name and contact information:

Contact Information	Fill In the Area Below
Name:	
Phone Number:	
Email:	
Mailing Address:	

We value your feedback!

Forms may be submitted in the following ways:

Email:
accessibility@springwater.ca

Fax:

705-728-6957

Mail:

2231 Nursery Road
Minesing, ON L9X 1A8

You may also visit our website at www.springwater.ca/accessibility and complete an online form.

Notice of Collection: All information is collected in accordance with the Municipal Act, 2001, s. 8 and may be used for the purpose of collecting training records. All information submitted to the municipality is subject to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Questions about this notice of collection should be directed to the Clerk's Office 705-728-4784 Ext. 2026.