



Accessible Customer Service Feedback Form

Thank you for visiting a Township of Centre Wellington facility. We value our customers and strive to meet the needs of everyone.

Please indicate which Township of Centre Wellington facility you visited:

Please tell us the date and time of your visit:

Did we respond to your customer service needs in a satisfactory manner?

Yes No

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

Yes Somewhat No (please explain below)

If not, do you have any suggestions on how we might improve our service.

Contact Information:

Name: _____ Telephone Number: _____

Email: _____

Please forward to: Accessibility Coordinator, c/o Clerk's Department
1 MacDonald Square, P. O. Box 10, Elora, Ontario N0B 1S0
519-846-9691, Ext 242 or Email: mmorris@centrewellington.ca