



ACCESSIBLE CUSTOMER SERVICE
FEEDBACK FORM

**Providing Goods and Services
to People with Disabilities**

Thank you for visiting The Township of Gillies. We value all of our customers and strive to meet everyone's needs. Your comments will be responded to within ten (10) days.

Please tell us the date and time of your visit: _____

Staff Member, Department or Service Location you visited:

Did we respond to your customer service needs today? YES NO

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

YES SOMEWHAT (please explain below) NO (please explain 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 (optional): _____

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