



**Municipality of Central Huron
Accessible Customer Service
Feedback Form**

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

Please be advised that accessible formats and communications supports with respect to the feedback process is available upon request.

Thank you for visiting the Municipality of Central Huron. We value all of our customers and strive to meet everyone's needs.

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? (Please circle)

YES **SOMEWHAT** **NO**

Please Explain: _____

Did you have any problem accessing our goods and services?

YES **SOMEWHAT** **NO**

Please Explain: _____

Do you have any further comments/concerns?

Contact Information (Optional):
