



SCHEDULE "C"

Providing Goods and Services to People with Disabilities
FEEDBACK FORM- HOW ARE WE DOING?

Thank you for visiting the Municipality of Shuniah. 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? Yes No

Was our customer service provided to you in an accessible manner? Yes
No (Please explain below) Somewhat (Please explain below)

If no please explain _____

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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