

Accessibility Customer Service Feedback Form

Thank you for visiting a Township of Bonfield Facility and/or website. We value all of our customers and strive to meet everyone's needs.

Let us know how we did in serving you.

Please	indicate which Township of Bonfield facility you visited.
	Municipal Office
	Public Library
	Medical Centre
	Fire Department
	Parks Centennial Kaibuskong Rutherglen Covered Rink Building
	Public Works
	Website
Please	tell us the date and time of your visit (yyyy-mm-dd) (hh:mm)
Did we	e respond to your customer service needs?
	Yes
	No
Was cı	ustomer service provided to you in an accessible manner?
	Yes
	No
	Somewhat
If you	answered somewhat or no, please explain below.
Contac	ct Information: Name and telephone number
Email	Address

Personal Information contained on this form is collected pursuant to the Accessibility for Ontarians with Disabilities Act, 2005 and will be used to assist the Township in ensuring that the delivery of its goods and services to those with disabilities is provided in an effective and timely manner. Questions about this collection should be directed to the Municipal Office, 365 Hwy 531, Bonfield ON POH 1E0 705-776-2641 or by email at: cao.clerk@bonfieldtownship.org



Schedule E

Document for Addressing Customer Feedback

Date feedback received: Name of customer [optional]:	
Contact information (if appropriate):	
Details:	
Follow-up:	
Action to be taken:	
Staff member:	
Date:	