



Township of Huron Kinloss

Feedback For Accessible Customer Service

Service that you utilized today _____

Was this service able to meet your needs and requirements today? (Choose one)

Yes

No

If no, could you please tell us what we need to do to meet your requirements?

Did we meet the 5 principles of accessible customer service? Those being **Dignity, Respect, Independence, Equal Opportunity and Integration.**

Please provide your contact information:

Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Please indicate your preferred form of communication:

In accordance with Ontario Regulation 429/07, Accessibility Standards for Customer Service Sect. 7, every provider of goods and services shall establish a process for receiving and responding to feedback about the manner in which it provides goods or services to persons with disabilities and shall make information about the process readily available to the public.

In accordance with the Municipal Freedom of Information and Privacy Act, personal information is collected under the authority of the Municipal Act, R.S.O. 1990, c.M45, as amended, and will only be used for the purpose of providing customer service as requested on this form.