

TOWNSHIP OF BLACK RIVER-MATHESON

429 Park Lane, P.O. Box 601
Matheson, ON
P0K 1N0
Phone: 705.273.2313
Fax: 705.273.2140



Form # _____

CUSTOMER SATISFACTION FEEDBACK

Our goal at The Township of Black River-Matheson is to provide you, our customer with excellent service and to show how much we value and appreciate you, by meeting and exceeding your expectations. Please take a few minutes to answer the following questions about the service you received today.

(If you require an alternative format in order to provide your feedback, please let us know).

1. Were you satisfied with the quality of customer service you received from us today?

- YES SOMEWHAT NO

Why or why not?

2. Did you have any difficulties accessing our goods or services?

- YES SOMEWHAT NO

If yes or somewhat, please explain.

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3. What, in your opinion, can we do to better improve our services?

4. May we contact you? YES NO

If yes, please indicate your phone number and/or email:

Phone: _____
mail: _____

E-

I agree to allow the Township of Black River-Matheson to use the information collected on this form.

Name: _____ Date: _____

Signature: _____

INTERNAL USE ONLY

Feedback Reference # _____

Date Entered in Log: _____

Entered by: _____