

Accessible Customer Service Feedback Form

Thank you for visiting the Township of Wellesley. We value all our customers and strive to meet the needs of everyone. Please provide us with the date and time of your visit: _______at ______at ______. Staff Person or Position: Did we respond to your customer service needs? SOMEWHAT (explain) YES NO Was our customer service provided to you in an accessible manner? SOMEWHAT (explain) YES NO Did you have any problems accessing our goods and services? YES NO SOMEWHAT (explain) Please tell us how we could have served you better: YES NO SOMEWHAT (explain) Please check if you would like a response to your feedback. Contact information: ____ Best way to contact: Email Letter Telephone