



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? (select 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 indicate your contact information and the best method of communicating with you.

NAME: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

(Please indicate the method of communication you prefer.)

SUBMIT FORM HERE

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.