

ACCESSIBLE CUSTOMER SERVICE FEEDBACK FORM

Providing Goods and Services to People with Disabilities

| Thank you for visiting the County of Hastings. We value all of our customers and strive to meet everyone's needs. |
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| Please tell us the date and time of your visit: |
| Staff Member, Department or Service Location you visited: |
| Did we respond to your customer service needs today? ☐ YES ☐ NO |
| Was our customer service provided to you in an accessible manner? ☐ YES ☐ SOMEWHAT ☐ NO (please explain below) |
| Did you have any problems accessing our goods and services? ☐ YES (please explain below) ☐ SOMEWHAT (please explain below) ☐ NO |
| Please add any other comments you may have: |
| Contact information (optional): |
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