TOWNSHIP OF MANITOUWADGE
P.O. Box 910, 1 Mississauga Drive
Manitouwadge, ON P0T 2C0
(807) 826-3227

Schedule D

CUSTOMER FEEDBACK FORM

Thank you for visiting the Township of Manitouwadge. We value all of our customers and strive to meet everyone's needs. Please tell us the date and time of your visit:

Personal Information (Optional)

First & Last Name:	P.O. Box Number:
Address:	
Telephone Number:	Email:

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 ☐ Somewhat ☐ No ☐ (please explain below)

Please add any comments you may have:

_____
_____
_____

Any collection of personal information is made under the authority of the *Municipal Act, 2001*. Personal information is collected in compliance with the *Municipal Freedom of Information and Protection of Privacy Act*.
Personal information is collected for the purpose of following up on the complaint. Any questions about this collection should be directed to:
Joleen Keough, Clerk, (807) 826-3227 ext.: 223

Signature of Resident:	**Date:**

Thank you,
The Corporation of the Township of Manitouwadge

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Schedule E **Document for addressing Customer Feedback** **Office Use Only – To be Completed by the Clerk**	
Date feedback received:	
Name of Customer (optional):	
Contact Information (if appropriate):	
☐ Refer Feedback to Department Manager/CAO/Council Date: _____ ☐ Letter of receipt to Resident Date: _____ ☐ Correspondence received from Department Manager/CAO/Council – Filed Date: _____	
Actions to be taken:	
Follow-up: Resident Contacted: ☐ Yes ☐ No	Date Resolved:
Signature of the Clerk:	Date: