

**ACCESSIBLE CUSTOMER SERVICE**  
**FEEDBACK FORM**

**Providing Goods and Services to People  
with Disabilities**

Thank you for visiting the Township of Augusta.  
We value all of our customers and strive to meet everyone’s needs.

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:  
\_\_\_\_\_

Please continue on back if more space is required.

Contact information: \_\_\_\_\_  
\_\_\_\_\_