



Customer Service Feedback Form

Thank you for visiting the Municipality of Dysart et al. We value all of our customers and strive to meet everyone's needs.

Please tell us the date and time of your visit. Date: _____ Time: _____

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 (please explain below)
- _____ NO (please explain below)

Did you have any problems accessing our goods and services?

- _____ NO
- _____ SOMEWHAT (please explain below)
- _____ YES (please explain below)

Please add any other comments you may have:

All feedback forms are received by the Clerk's Office and are forwarded to the appropriate Department. If you are requesting a response, please be sure to include contact information and you will be contacted within 5 business days.

Municipality of Dysart et al
Clerk's Department
135 Maple Avenue, Box 389
Haliburton, ON K0M 1S0

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