

## CUSTOMER SERVICE INITITAL COMPLAINT AND FEEDBACK FORM

The Town of South Bruce Peninsula is committed to providing the highest level of customer service possible. We value all of our customers and strive meet everyone's needs. We welcome your comments to help us monitor and improve our services and experiences. Please submit your completed form to any of the following:

Mail or deliver to: Town of South Bruce Penins P.O. Box 310, 315 George S Wiarton, ON NOH 2T0	sula	Fax to: 519-534-4976	Email to angie.ca		rucepeninsula.com	
Please tell us the date ar	nd time of you	ar contact with us	:			
Please tell us the location	on of your con	itact with us:				
Did we respond to your customer service needs?			Yes C	Yes No		
Was our customer service provided to you in an accessible manner?			○Yes ○	Yes Somewhat No		
If you selected "No" to	the above que	estion please expla	ain			
If you wish to be contact.  Your full name:	cted by a staff	person, please pro	ovide your informa	tion:	Inhone	
Your rull name: Day		Day Telephone:	Day Telephone:		lepnone:	
Address:				Email:		
Personal information contain Customer Service and will b Coordinator for the Town, A	e used for the pu	urpose of responding	to your request. Questi	ons should be	directed to the Accessibility	
For Town of South Bruce Pe	eninsula use only	J				
Request Number: Received By:			Referred to:	red to: Date Referred:		
Comments:		L		I		