



**AUGUSTA TOWNSHIP**

**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

\_\_\_\_\_

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**AUGUSTA TOWNSHIP**

Please add any other comments you may have:

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Please continue on back if more space is required.

Contact information:

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