

# Customer Feedback Form

Thank you for visiting a branch of the Innisfil Public Library. Your feedback is important to us. By answering the following questions you will help our organization to better assist you.

|   |                                                                     |                                                                                                                                                |
|---|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Date, time and place you visited:                                   |                                                                                                                                                |
| 2 | Did we respond to your customer services needs today?               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                    |
| 3 | Was our customer service provided to you in an accessible manner?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> Somewhat (Please explain below)<br><input type="checkbox"/> No (Please explain below) |
| 4 | Did you encounter any problems in accessing our goods and services? | <input type="checkbox"/> Yes (Please explain below)<br><input type="checkbox"/> Somewhat (Please explain below)<br><input type="checkbox"/> No |

The Innisfil Public Library Board welcomes your comments:



Thank you.