



# Township of Uxbridge COMMENT CARD

Please drop off or mail to:

Township of Uxbridge  
51 Toronto St. South, P.O. Box 190  
Uxbridge, Ontario L9P 1T1  
Attention: Ingrid Svelnis, CAO

**Time and date of visit/service:**

\_\_\_\_\_

**What department/service did you require?**

\_\_\_\_\_

**What was the purpose of your visit?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Did any member of our staff provide exceptional service delivery?**

Yes  No If yes, please provide name & details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was the service you received today provided to you in an accessible manner?**

Yes  No If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Did you have any difficulties accessing goods or services at the Township of Uxbridge?**

Yes  No If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Overall, did the service you received:**

- Meet your expectations?
- Exceed your expectations?
- Not meet your expectations?

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rate your level of satisfaction with the staff**

	RATING				
	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<b>Staff were:</b>					
a) Helpful					
b) Courteous					
c) Knowledgeable					
d) Well-informed with current information					
<b>The service was:</b>					
a) Timely					
b) Provided in a fair & consistent manner					

**Can you suggest any methods of improving our service delivery to you?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you would like a response to your comments, please complete the following:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. (daytime): \_\_\_\_\_

Tel. (evening): \_\_\_\_\_

e-mail address: \_\_\_\_\_

**THANK YOU**

We appreciate the time that you have taken to complete this Comment Card.