



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.

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

The Innisfil Public Library Board welcomes your comments:

Thank you.

