



**TOWNSHIP OF KING**

**CUSTOMER FEEDBACK FORM**

The Township of King is committed to providing customer service to all of our citizens. We value all of our customers and strive to meet everyone’s needs. We welcome your comments to help us monitor and improve our services and experiences.

**1. Which Township department did you visit? (Please check one ✓ )**

- |                |       |                            |       |                             |       |
|----------------|-------|----------------------------|-------|-----------------------------|-------|
| Administration | _____ | Building                   | _____ | By-law                      | _____ |
| Clerks’        | _____ | Engineering & Public Works | _____ | Finance/Tax                 | _____ |
| Fire & EMS     | _____ | Human Resources            | _____ | Parks, Recreation & Culture | _____ |
| Planning       | _____ |                            |       |                             |       |

**2. What was the purpose of the visit?**

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**3. Time and date of visit/service:** \_\_\_\_\_

Rate your level of satisfaction with the staff member and the service you received:

	Rating				
4. Staff were:	1	2	3	4	5
a) Helpful					
b) Courteous					
c) Knowledgeable					
d) Well informed with current information					

**5. The service was:**

a) Timely					
b) Provided in a fair and consistent manner					

1. Very Dissatisfied    2. Dissatisfied    3. Neutral    4. Satisfied    5. Very Satisfied

6. Overall, did the service you receive:  **Meet your expectations?**  
 **Exceed your expectations?**  **Not meet your expectations?**

7. Did you have problems accessing our services?  **Yes**  **No**

8. Can you suggest methods of enhancing our service delivery to you?

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9. Did any member of our staff provide exceptional service delivery? If yes, please provide name and details.

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

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

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Please submit the completed form to the following:**

**Mail or Deliver to:**  
**Township of King**  
**2075 King Road**  
**King City, ON L7B 1A1**

**Phone: 905-833-5321**

**Fax: (905)833-2300**

**E-mail: [online@king.ca](mailto:online@king.ca)**

**Received By:** \_\_\_\_\_ **(Name & Department)**

**Date:** \_\_\_\_\_

Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy legislation and will be used for the purpose of responding to your comments/request. Questions about this collection should be directed to the Freedom of Information and Privacy Coordinator (Clerk) of the Township of King.