



## Feedback & Complaints about Service to Customers with Disabilities Form

| DATE OF OCCURANCE<br>(DD/MM/YYYY) | DATE SUBMITTED<br>(DD/MM/YYYY) |
|-----------------------------------|--------------------------------|
|                                   |                                |

### SECTION I – MUNICIPAL INFORMATION

You may provide your feedback in person, by telephone, in writing, or electronically by email or through our website:

**The Corporation of the Town of Bradford West Gwillimbury**  
 c/o Clerks Department  
 100 Dissette Street, Unit 7&8  
 Bradford, ON, L3Z 2A7  
 Phone: 905-775-5366 Fax: 905-775-0153  
 Email: [pnash@townofbwg.com](mailto:pnash@townofbwg.com)  
[www.town.bradfordwestgwillimbury.on.ca](http://www.town.bradfordwestgwillimbury.on.ca)

### SECTION II – REQUIRED INFORMATION

**Which department are you providing feedback about?** (Check all that apply)

Clerks / By-law  
  Council  
  Engineering  
  Emergency Services (Water / Wastewater / Public Works)  
  Finance  
 Human Resources  
  Information Technology  
  Leisure Services  
  Planning and Development Services  
 Town Management  
  Library  
  HMJMSB  
  Other: \_\_\_\_\_

**Were you able to receive the information or services you wanted?**  Yes  No Please Explain: \_\_\_\_\_

**How satisfied are you with the information or service you received?**

Very Satisfied  
  Satisfied  
  Neither satisfied or dissatisfied  
  dissatisfied  
  very dissatisfied

**Was the information or service easy to access or understand?**  Yes  No

If you answered "no" to the question above, please tell us what prevented you from receiving the information or services you wanted.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you experienced difficulty receiving our information or services due to a disability or a barrier in our buildings, properties, or in the way we provide our services please explain.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have any additional comments or suggestions?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION III – CONTACT INFORMATION

If you wish to be contacted by staff please provide your contact information here

|          |        |
|----------|--------|
| Name:    |        |
| Phone:   | Email: |
| Address: |        |

**Thank you, your personal information will be kept confidential in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MIFIPPA)**