



Customer Accessibility Feedback Form

Dear Customer,

In an effort to continually improve our customer service, we would ask you to take a few minutes to answer the following questions. This information will provide valuable feedback on whether we are meeting your accessibility needs as a Customer and allow us to continually improve our level of service.

Company/Customer Name: _____

Address: _____ Date: _____

Services or Work Provided: _____

1. Did we respond promptly to your request for service?

YES NO

2. Was the service provided to you in an accessible manner?

YES NO

If no, please provide details under question #7 below.

3. Did you have problems accessing our goods and services?

YES NO

If yes, please provide details under question #7 below.

4. Was our staff courteous and professional?

YES NO

5. Did we complete the work to your satisfaction?

YES NO

6. Would you like a representative of PUC Services Inc. to contact you?

YES NO

If yes, please provide your contact information: _____

7. Comments or suggestions on how we may better serve you in the future? Use additional pages if necessary.

We would like to thank you for taking the time to complete this survey. All information collected is subject to the Municipal Freedom of Information & Privacy Act.

Please return by email, mail, drop box or fax to:

PUC Services Inc.
500 Second Line, East
Sault Ste. Marie, Ontario
P6A 6P2

Phone: 705-759-6500
Fax: 705-759-6510
Email: customerservice@ssmpuc.com