



Customer Feedback Form

Thank you for visiting the City of Stratford.
We value all of our customers and strive to meet everyone's needs.

Please tell us the date and time of your visit: _____

1. Did we respond to your customer service needs today?

YES NO

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

YES SOMEWHAT(please explain) NO(please explain)

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

YES (please explain) SOMEWHAT (please explain) NO

Please add any other comments you may have:

Contact information (optional)*:

Thank you.
City of Stratford
City Hall, P.O. Box 818
Stratford ON N5A 6W1
(519) 271-0250 x237 Fax: (519) 273-5041
TTY (519) 271-5241
www.city.stratford.on.ca

Notice of Collection: Personal information collected is pursuant to the Municipal Freedom of Information and Protection of Privacy Act and all other applicable privacy provincial and federal legislation. The personal information collected will be used to respond to the feedback received and for administrative purposes. Questions regarding collection of personal information may be directed to the City Clerk, City Hall, P.O. Box 818, Stratford ON N5A 6W1 or by telephoning 519-271-0250 ext. 235 during business hours.