



Customer Service Feedback Form

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

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

Staff Member, Department or Service Location you visited:

Did we respond to your customer service needs today? YES NO

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

YES

SOMEWHAT (please explain below)

NO (please explain below)

Did you have any problems accessing our goods and services?

NO

SOMEWHAT (please explain below)

YES (please explain below)

Please add any other comments you may have:

All feedback forms are received by the Clerk's Office and are forwarded to the appropriate Department. If you are requesting a response, please be sure to include contact information and you will be contacted within 5 business days.

***City of Orillia
Clerk's Department
50 Andrew Street South, Suite 300
Orillia, ON L3V 7T5***

Phone: (705) 325-1311 Fax (705) 325-5178 clerks@orillia.ca