

Customer Service Feedback Form

The Rainy River District Social Services Administration Board is committed to offering exceptional customer service and ensuring that you, the customer, receive the most timely and efficient quality of service available. Your feedback is important to us. It will enable us to determine the nature of your needs, and will assist us in developing ways to enhance our service delivery. Please take a few moments to fill out the questionnaire below.

1.	Was your experience with the RRDSSAB a positive one? ☐ Yes ☐ No
	Please comment:
2.	If you contacted various Departments or Programs, which ones have you been in contact with? Please check all that apply. Administration Child Care Finance Housing Land Ambulance Maintenance/Custodian Ontario Works Reception
3.	Were you in contact with a particular staff person who proved to be a valuable resource to you? The Yes In No
	Please comment:

November/09 Page 1 of 2

		eet
a) Were staff responsive?		Yes 📮
b) Were they prompt?		Yes 📮
c) Were staff helpful and co	urteous?	Yes 📮
d) Did they display a profess		Yes 📮
e) If you expressed a conce satisfaction?	n, was it resolved to your	Yes 📮
f) Was there anything further	r that could have been done	
on your behalf?		Yes 📮
g) Will you contact the RRDS	<u> </u>	Voc 🗖
and/or concerns?	u '	Yes 🗖
Please comment:		
- · · · · · · · · · · · · · · · · · · ·	ou have any suggestions and/or co	omments for
enhancing our service delive		omments for
enhancing our service delive	ry?	omments for
- · · · · · · · · · · · · · · · · · · ·	ry?	omments for
If you want a response, checking some instances, we are be	k this box: tter able to resolve an issue when coith your contact information below.	ontact is
If you want a response, checking some instances, we are be possible. Please provide us v	k this box: tter able to resolve an issue when contact information below. wledged.	ontact is Anonymou
If you want a response, checking some instances, we are be possible. Please provide us we complaints cannot be acknown.	k this box: tter able to resolve an issue when contact information below. wledged. Work Phone:	ontact is Anonymou
If you want a response, checon ln some instances, we are be possible. Please provide us we complaints cannot be acknown Name:	k this box: tter able to resolve an issue when continuous information below. wledged. Work Phone: Home Phone:	ontact is Anonymou

Please return this completed form to our Fort Frances office at 450 Scott Street, P9A 1H2 or fax it to: (807) 274-5729 to the attention of the Accessibility Coordinator.

November/09 Page 2 of 2