



## Customer Service Feedback Form

Light Regional Council is committed to providing superior customer service. Thank you for taking the time to fill in this feedback form.

1. **Which department of Council does this feedback relate to? .....**

2. **Please answer the following questions by ticking the appropriate box:**

	Yes	No
Were you acknowledged immediately and served as soon as practicable?.....	<input type="checkbox"/>	<input type="checkbox"/>
Were you treated in a courteous and considerate manner?.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive the information or assistance you required?.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive adequate service in a timely manner?.....	<input type="checkbox"/>	<input type="checkbox"/>
Were you satisfied with your overall experience with Light Regional Council?	<input type="checkbox"/>	<input type="checkbox"/>

3. **Light Regional Council is committed to continuously reviewing and improving its customer service practices. If you have answered "no" to any of the questions above, please provide further details below for future training:**

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4. **If you have received outstanding customer service and would like to acknowledge the person with whom you were dealing, please provide a short description of the situation for future training and recognition:**

Name of person who gave outstanding customer service:.....

Brief description of situation:

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5. **Please provide any further comments that may assist us to improve our customer service:**

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If you would like us to contact you to discuss your comments, please provide your name, address and contact details:

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