



## Customer Feedback Form

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The County of Northumberland recognizes that receiving feedback provides a valuable opportunity to learn and improve.

Every person has the right to make a complaint, offer a suggestion or compliment us on the way we provide goods or services to people with disabilities.

Thank you for sharing your experience.

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Date: \_\_\_\_\_ Time: \_\_\_\_\_

Description of complaint, suggestion or compliment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*Optional information – complete only if you wish to be contacted*

\*Name: \_\_\_\_\_

\*Preferred contact method (telephone number, email address): \_\_\_\_\_

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