

Customer Feedback Form

This form is a requirement under the Accessibility for Ontarians with Disabilities Act 2005 and is part of the feedback process on how Toronto Water provides services to people with disabilities. Please complete and return this form so we can improve accessibility to our services.

Date & time of contact: _____

Reason for contact: _____

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

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

YES SOMEWHAT NO (please explain)

If no please explain: _____

Did you have any problems accessing our goods and services?

YES (please explain) SOMEWHAT (please explain) NO

If any problems, please explain: _____

Please add any other comments you may have:

If you would like us to follow up with you regarding your feedback, please provide your contact information (optional): _____

Please submit this completed form to Toronto Water staff who will forward it to their Supervisor or Manager for action and response or mail it to:

*Manager, Strategic Business Management, Metro Hall
55 John St, Stn 1180, 21st Floor, Toronto M5V 3C6*