Town of Gawler Customer Feedback Survey

www.gawler.sa.gov.au

Your feedback is welcomed, positive of Tell us about your experience, it will as								services		
Date of your visit / enquiry:	te of your visit / enquiry: suburb:									
1. Reason for your feedback (Please	e tick box)									
Compliment	Improvement Idea			Sugge	estion	Other				
u	Ц			Ц			Ц			
If other please specify:										
2. What does your feedback relate t	o?									
3. Rate our services	1	2	3	4	5	6	7	8	9	10
Areas	One (1) Needs		ment		Five (Good					n (10) cellent
Friendliness of staff										
Knowledge of staff										
Accuracy of information provided										
Timeliness of service										
Accessibility of service										
Your overall satisfaction with service prov	rided									
4. Other Comments										
5. Would you like a reply to your co	mments? 🛚 Y	es 🗆	No							
Name:			P	hone No	:					
Address:										
Email:										

Email form to Council

