

# Local Council Service Feedback Questionnaire

Please complete this questionnaire to help us improve our local council services. You may fill this out digitally before printing, or print it directly to fill out by hand.

## 1. Contact Information

Full Name:

Property Address:

Email Address:

Phone Number:

## 2. Service Details

Which council service did you access? (e.g., Waste & Recycling, Parks, Roads, Planning):

Date of interaction (DD/MM/YYYY):

Name of staff member who assisted you (if applicable):

## 3. Service Rating

How would you rate the quality of service received? (Excellent / Good / Satisfactory / Poor):

How would you rate the speed of response? (Excellent / Good / Satisfactory / Poor):

How would you rate the helpfulness of our staff? (Excellent / Good / Satisfactory / Poor):

## 4. Comments and Feedback

What was the primary reason for your contact today?

What is one area where we could improve this service?

Please provide any additional comments or feedback: