

# TOWN OF CHATHAM

OFFICE OF THE SELECTMEN

TOWN MANAGER

549 Main Street, Chatham, Massachusetts 02633  
(508) 945-5100

## CITIZEN'S FEEDBACK FORM

If you have experienced a satisfactory or unsatisfactory customer service incident with a member of the Town's staff, please use this **Feedback Form** to document the information as shown below.

Date of Incident \_\_\_\_\_ Department \_\_\_\_\_

Name of Employee \_\_\_\_\_ Position \_\_\_\_\_

Location \_\_\_\_\_

Please describe the incident and the reasons it was either satisfactory or unsatisfactory \_\_\_\_\_

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(Use back or additional sheets if required)

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ E-mail \_\_\_\_\_

Town, State, Zip \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Your Signature

Please forward this Feedback Form to the Town Manager's office. Thank you.

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Date: \_\_\_\_\_ Action Taken: \_\_\_\_\_

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Responsible Manger's Name (please print) \_\_\_\_\_

Responsible Manager's Signature \_\_\_\_\_