

**TOWN OF HARWICH**  
**FEEDBACK FORM / QUESTIONNAIRE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Board/Committee/Department/Employee: \_\_\_\_\_

Date you appeared before or requested service: \_\_\_\_\_

Quality of service provided:  Poor  
 Satisfactory  
 Good  
 Outstanding

Professionalism of the service provider(s):  Poor  
 Satisfactory  
 Good  
 Outstanding

Courtesy of the service provided:  Poor  
 Satisfactory  
 Good  
 Outstanding

General comments and observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended improvements / suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**Submit to:** Board of Selectmen  
Harwich Town Hall  
732 Main Street  
Harwich, MA 02645