

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