



FEEDBACK FORM

WE WANT TO HEAR FROM YOU!

Thank you for participating in the Community Transportation Program. The municipality hopes that your experience was a pleasant one.

Please take a moment to fill out the form below. Your honest answers will help improve the quality of transportation services currently being offered to seniors in the township.

Date: _____

Name: _____

Townsite: _____

PLEASE CHECK ALL THAT APPLY

1. How did you hear about the Community Transportation Service Program?

- Poster
- Municipal Bulletin
- Municipal Website
- Newspaper
- Seniors Day
- Other: _____

2. What is your age category?

- 60 to 65
- 66 to 70
- 70 and over

3. To date, how often have you used the transportation service?

- 0
- 1 to 5
- 6 and over

4. If you checked "0" to question 3, why have you not used the service?

- Conflict with Schedule
- Program does not interest me
- Only use program during winter months
- I don't like the destinations
- I don't understand the schedule
- The age requirement should be changed
- Other: _____



5. Are you satisfied with the organization of the transportation program?

- No yes

6. If you answered "No" to question 5, what would you like changed that would better satisfy your needs?

- Time Pick up/Drop Off Location Trip Destination
 Age Requirement I don't understand the schedule Frequency of trips (increase or decrease)
 Other: _____

7. Are there other events you would like transportation services too?

- No yes

8. If you answered "Yes" to question 7 please provide the following details:

Location: _____

Event/Program: _____

Contact person of event/program: _____

How will seniors benefit from this program/event? _____

9. Would you be willing to continue using the transportation service if there was a fee?

- No yes

10. Do you have any other suggestions for the Community Transportation Program?
