

\_(https://www.portcolborne.ca/en/index.aspx)

## Welcome - Civil Ceremony Feedback Survey

Required fields are marked with asterisks (\*)

Please help us evaluate our services by completing this short survey on your civil ceremony. We will use your feedback to determine how we can improve our future events.

First name and L	ast Name
Please select t	he date of your civil ceremony: *
	<b>E</b>
Please write y	our email address (optional):
ex: johnsmith@g	gmail.com
How would you	u describe the staff coordination service leading up to
What parts of	the event did you find the most useful? What parts of

What are your thoughts on the civil ceremony script? *  Would you have preferred to have more script options? *		
On a scale of 1 to 5, please rate your ecivil ceremony request: *  1 - Terrible 2 - Poor 3 - Average 4 - Good 5- Excellent	experience for the intake of your	
On a scale of 1 to 5, please rate your of the event: *  1 - Terrible 2 - Poor 3 - Average 4 - Good 5- Excellent	experience with the organization	
On a scale of 1 to 5, please rate your ecremony script: *  1 - Terrible 2 - Poor 3 - Average 4 - Good 5- Excellent	experience with the civil	

On a scale of 1 to 5, please rate the performance of the civil ceremony			
officiant: *			
<ul><li>□ 1 - Terrible</li><li>□ 2 - Poor</li></ul>			
☐ 3 - Average			
4 - Good			
□ 5- Excellent			
Are there any other notes/suggest to provide to staff with respect to			
	Submit		
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igned by eSolutionsGroup (http://www.esolu	tionsgroup.ca)		