



2018 Municipal and School Board Election Voter Feedback Form

The City of Cambridge is committed to providing high quality customer service that enables all participants to fully engage in the electoral process. Please take a moment to complete this form and let us know how we are doing.

Please submit your completed form to any of the Election Workers at your poll or mail/deliver to the Clerk's Office (2nd Floor, 50 Dickson Street, Cambridge, ON N1R 8S1) or e-mail: election2018@cambridge.ca

Ward: _____ Voting Location: _____

Voting Date: _____ Time: _____

1. How did you vote?

- During advance voting
- During voting day
- Online voting
- Did not vote
- Other

2. I found the following items to be accessible at the voting location:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Parking					
Doors					
Halls					
Voting Area					
Lighting					
Voting devices for people with disabilities					

3. Please tell us about your voting experience with election staff.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Staff were friendly					
Staff were able to answer my questions					
Staff were helpful					

4. What did you like about your experience?

5. What improvements would you suggest?

If you would like us to contact you, please provide your information below:

Name:

Address:

City:

Postal Code:

Phone Number:

E-mail:

Personal information in relation to this process is collected under the authority outlined in the Municipal Freedom of Information and Protection of Privacy Act. This information will be used only for the purposes for which it is intended. If you have any questions regarding this collection of personal information, please contact the Freedom of Information and Privacy Coordinator at 519-740-4680 ext. 4583.