

VISITOR FEEDBACK FORM

If you are a visitor to our Firm with a disability, please tell us about your recent experience with us. We value all of our visitors and strive to meet everyone's needs.

Date of Last Visit:

Location: Toronto Ottawa

1. Were you satisfied with the service we provided you?

Yes No Somewhat

Comments:

2. Was our service provided to you in an accessible manner?

Yes No Somewhat

Comments:

3. Did you experience any problems accessing our services?

Yes No Somewhat

Comments:

4. What can we do better?

Comments:

Your Contact Information (optional):

Name: _____ Phone Number: _____

Email: _____

This form can be submitted:

- to our Receptionist
- via email to AODA@fasken.com
- by fax 416 865 4498
- by mail to AODA Coordinator:
333 Bay Street, Suite 2400, Bay
Adelaide Centre, Box 20
Toronto, ON M5H 2T6

Thank you