

### 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:

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

Yes  No  Somewhat

Comments:

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3. Did you experience any problems accessing our services?

Yes  No  Somewhat

Comments:

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4. What can we do better?

Comments:

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#### Your Contact Information (optional):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

This form can be submitted:

- to our Receptionist
- via email to [AODA@fasken.com](mailto: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