



# Customer Service Feedback Form

Thank you for visiting Beard Winter LLP. We value all of our clients and strive to meet everyone's needs. We would appreciate it if you would take the time to complete this form and provide us with your feedback.

Date: \_\_\_\_\_

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

YES       NO       SOMEWHAT

Comments:

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

YES       NO       SOMEWHAT

Comments:

**3. Did you experience any problems accessing our offices and/or services?**

YES       NO       SOMEWHAT

Comments:

**Contact Information (Optional):**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**This form may be submitted:**

**Electronically to:**      info@beardwinter.com

**In person or by mail to:**      Beard Winter LLP  
130 Adelaide Street West, 7th Floor  
Toronto ON M5H 2K4  
Attn: Julie Holmes