



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: D Cymbron, Human Resources Director