



Client Feedback Form

We value all of our clients and strive to meet everyone’s needs, including people with disabilities. Thank you for taking the time to share your feedback with Siskinds. Your comments are important to us because we want to ensure your experience with us is the best it can be.

You may download this form as a PDF and submit this form in person at Siskinds or mail it to Siskinds LLP, 680 Waterloo Street, London, ON N6A 3V8 to the Attention of the Human Resource Manager.

Date of service month/day/year

Time:

Type of service (face-to-face, over the telephone, in paper format, electronically via email)

Description of the event / concern:

Names of people involved:

1. Did we respond to and meet your customer service needs today?

- Yes
- No
- Somewhat

Comments:

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

- Yes
- No
- Somewhat

Comments:

3. Did you have any problems accessing our services?

- Yes
- No
- Somewhat

Comments:

Would you like to be contacted:

Yes

No

If yes, preferred method of contact is mail, telephone, email.

Please complete your contact information below only if you would like a reply.

First Name: _____

Last Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone (day): _____

Email: _____

Thank you

Siskinds is collecting the personal information you provide on this form so we can respond to your feedback. If you have any questions about the collection, use and disclosure of your personal information by Siskinds, please contact the Human Resource Manager.