Client Feedback Form

Thank you for visiting CanACRE. We value our clients and strive to meet everyone's needs.

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| --- |
| **Date:** Click here to enter a date. |
| **CanACRE Office Location**: Click here to enter text. |

|  |
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| **Did we respond to your needs? ☐ Yes ☐ No**  |
| If no, please explain:  |
| **Was our service provided to you in an accessible manner? ☐ Yes ☐ No** |
| If no, please explain:   |

|  |
| --- |
| *Optional- complete only if you would like to be contacted* |
| **Name:** Click here to enter name. |
| **Preferred contact method:** |
| ☐ Telephone:Click here to enter telephone number. | ☐ Email:Click here to enter email. | ☐ Mailing Address:**Address:** Click here to enter**City:** Click here to enter **Postal Code:** Click here to enter  |

The Client Feedback Form can be submitted to:

Judy Miller

Human Resources Manager

416-548-8602 ext. 2131

489 Queen Street E, unit 300

Toronto, ON, M5A 1V1

jmiller@canacre.com

*All feedback will be responded to within 10 business days.*