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. |

|  |
| --- |
| **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](mailto:jmiller@canacre.com)

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