



CONSULTANTS + ACTUARIES

Customer Service Feedback Form (AODA)

Thank you for your interest in Eckler Ltd. We value all of our customers and strive to meet everyone's needs. We appreciate your feedback.

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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If No, please explain:

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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If No, please explain:

3. Did you experience any problems accessing our services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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If No, please explain:

Optional information – Please complete only if you wish to be contacted.

Your Name: _____

Phone Number: _____

Email: _____

Date: _____