



DEVRY SMITH FRANK *LLP*
Lawyers & Mediators

CLIENT SERVICE FEEDBACK FORM

AODA - Accessibility Standards for Customer Service, O Reg 429/07

Thank you for visiting Devry Smith Frank *LLP*. We value all of our clients and we strive to meet everyone's needs.

Please tell us the date of your visit: _____

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
Comments:		

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
Comments:		

3. Did you experience any problems accessing our facilities and services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
Comments:		

Contact Information (<i>optional</i>)	
Name:	
Phone Number:	
Email:	

Thank you.

Devry Smith Frank *LLP*