

## Accessibility Feedback Form

Thank you for visiting Stern Cohen LLP or [sterncohen.com](http://sterncohen.com)

Providing opportunities for communication with our customers and being accessible to our customers is very important to us. Stern Cohen LLP is committed to developing customer service policies that respect and promote the dignity and independence of all persons including those with disabilities.

Your feedback is welcome and will provide a valuable opportunity for us to improve our communications and services. Thank you for taking the time to complete this form.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_  
*(website, office, situation of occurrence)*

**1. Did Stern Cohen LLP or [sterncohen.com](http://sterncohen.com) meet your customer service requirements?**

Yes       Somewhat       No

Comments (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Was Stern Cohen LLP's service provided to you in an accessible format?**

Yes       Somewhat       No

Comments (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Please identify what, if anything, Stern Cohen LLP could have done to make it easier for you to access our services:**

Comments (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You may submit your feedback by any of the following methods:

- Email: by emailing the feedback form as an attachment to [hr@sterncohen.com](mailto:hr@sterncohen.com)
- Standard Mail: by printing the feedback form and mailing to the following address:  
Stern Cohen LLP  
AODA Task Force  
45 St. Clair Ave. West; Suite 1400  
Toronto ON, M4V 1L3
- In person during office hours: by visiting the Stern Cohen LLP office and dropping off the feedback form at the front reception area. If required, a hard copy of the form is available at the front reception area.

***Optional Information – Complete only if you would like to be contacted:***

Name: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_