



Customer Feedback Form

Thank you for taking the time to share your feedback with La Capitale Insurance and Financial Services. Your comments are important, because we want to make your experience with us the best!

Please tell us which service, location or department you dealt with (e.g. Head or branch office, agent or broker).

Please tell us the date and time of your visit or interaction with us.

Date: _____ Time: _____ a.m. p.m.

What products or services were you interested in?

How satisfied were you with the customer service you received from us?

Very satisfied Satisfied Dissatisfied Very dissatisfied

Was our customer service provided to you in an accessible manner? Yes No Comments:

What could we do to make it easier for you to access our products and services?

If you would like us to contact you to discuss your feedback, please provide your contact information below.

Name: _____ Email: _____

Day phone number: _____ Evening phone number: _____

Best time to contact you: a.m. p.m.

Address: _____

Please return the completed form by email, fax or regular mail to:

La Capitale Insurance and Financial Services inc.
7150 Derrycrest Drive, Mississauga, ON L5W 0E5
Email: accessibilitycommittee@lacapitale.com
Fax: 905 795-2313

La Capitale Insurance and Financial Services is collecting the personal information you provide on this form in order to respond to your feedback. If you have questions about the collection, use and disclosure of your personal information by La Capitale Insurance and Financial Services, please contact the Accessibility Committee Department at 1 888 816-9874 or accessibilitycommittee@lacapitale.com.

Please note this form is reserved for queries related to the accessibility of the products and services offered by La Capitale Insurance and Financial Services to persons with disabilities.

FOR COMPANY USE ONLY	
Date of follow-up: _____	Name of person following up: _____
Action taken: _____	
Results: _____	