Title: Accessibility Standard for Customer Services Feedback Form			Effective: Jan 1, 2012 Revised/Reviewed: June 11, 2024
Section: Human resources		Form Number: F1-02	
Revision/Review Number: 7	Approved by: Bryan Kingdon, Partner		

Dear Valued Customers,

At Irwin, Sargent & Lowes Limited we strive to improve accessibility for our customers. We would like to hear your comments, questions and suggestions about the provision of our goods or services. Please complete the Accessibility Standard for Customer Services Feedback Form below and forward to the Office/Finance Manager. Feedback may be verbal (in person or by telephone) or written (e-mail, fax, regular mail or delivered).

Office/Finance Manager

Mailing Address: P.O. Box 1210, 441 Water Street, Peterborough, ON K9J 7H4

Telephone Number: 705-742-3861 Extension 225

• Fax Number: 705-742-4304

E-mail Address: samm.robinson@islinsurance.ca

Thank you.

Irwin, Sargent & Lowes Limited, Management

Customer Feedback Form

We thank you for visiting Irwin, Sargent & Lowes Limited.

- 1. Please tell us the date and time of your visit:
- 2. Did we appropriately respond to your customer needs today?

YES NO (please explain below)

Irwin, Sargent & Lowes Limited

3.	in a timely manner?				
	YES	SOMEWHAT	NO (please explain below)		
4.	Was our customer service provided to you in a helpful manner?				
	YES	SOMEWHAT	NO (please explain below)		
5.	Did you have	any problems accessing our	goods and services? □		
O.	YES	SOMEWHAT	NO (please explain below)		
6.	Please add ar	ny other comments you may h	nave:		
7.	Contact information (optional)*:				
Policy					
1 – 01 Accessibility Standard for Customer Services					
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			d stored in compliance with the		
PIPEDA Personal Information Protection and Electronic Documents Act , 2005. For information on the Act, please visit: http://www.priv.gc.ca/information/guide_e.cfm					