

**Client Feedback Form**

Thank you for visiting Miller Thomson. We value all of our clients and strive to meet everyone's needs. Please tell us the date and time of your visit:

Did we respond to your client service needs today?       YES  NO

Was our client service provided to you in an accessible manner?

YES  SOMEWHAT  NO

Please explain:

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Did you have any problems accessing our services?

YES  SOMEWHAT  NO

Please explain:

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Please add any other comments you may have:

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Contact information (optional)\*: \_\_\_\_\_

Thank you.

Management

Please return this form to [jpalusiak@millerthomson.com](mailto:jpalusiak@millerthomson.com)