



CUSTOMER SERVICE FEEDBACK FORM

Please tell us the date and time of your visit or interaction with Aviva Canada Inc. and its subsidiaries:

Please tell us which service, location, department or unit you dealt with:

What was the purpose of your visit or interaction?

How satisfied were you with the customer service you received from Aviva Canada?

(Circle one) Very Satisfied

Dissatisfied

Very Dissatisfied

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

(Circle one)

Yes

No

Do you have any suggestions on how we might improve our service or any additional comments to make?

Would you like an Aviva Canada Representative to follow up with you regarding your feedback?

(Circle one)

Yes

No

If yes, please fill out your preferred contact method/information:

Send your form to the Office of the Ombudsman by:

Mail: 10 Aviva Way, Suite 100 Markham, ON L6G 0G1	Email: ombuds.ca@aviva.com	Fax: 416-615-4239
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You may also contact us by telephone at 1-877-689-3634.

Aviva: [Public](#)