

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 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: 2206 Eglinton Avenue East Scarborough, ON M1L 4S8	Email: ombudsman@avivacanada.com	Fax: 416-615-4239
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You may also contact us by telephone at 416-615-3634 or toll-free at 1-877-689-3634.