

**FEEDBACK FORM
ON OUR TREATMENT OF PEOPLE WITH DISABILITIES**

In order to improve our services, we would appreciate your feedback on services we provided to people with disabilities.

Your Name: _____

Your coordinates (email, phone number): _____

Services received: _____

Date: _____

Comments/suggestions:

Please send this form back to: Léon Touchette
President
The Retirement Planning Institute
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Ottawa, Ontario K1J 9N5
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Thank you