



Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and Integrated Accessibility Standards (IASR) Customer Service Standards - Customer Feedback Form

Thank you for visiting Guardian Capital Group of Companies ("Guardian"). We value all of our customers and strive to meet everyone's needs. For the purpose of this Feedback Form, Guardian refers to all the divisions and affiliated companies that provide goods, services or facilities to the public or other third parties and that have at least one (1) employee in Ontario, including:

1. Guardian Capital Advisors LP
2. Guardian Capital Group Limited
3. Guardian Capital LP
4. Guardian Capital Real Estate Inc.
5. Guardian Partners Inc.
6. Guardian Smart Infrastructure Management Inc.
7. Rae & Lipskie Investment Counsel Inc.

Please tell us the date, location and the name of the Guardian entity with which you had an interaction:

Date: _____ **Location:** _____ **Name of Guardian Entity:** _____
(Office Address, Website or other Method of Access)

1. What was the purpose of your visit/interaction? Please specify below.

2. Were you satisfied with the customer service we provided you? (Please indicate your response(s) by circling or highlighting the chosen field)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

Was our customer service provided to you in an accessible manner? If applicable, were all documents and materials provided to you in an accessible manner or format?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments



GUARDIAN CAPITAL™

Did you experience any problems accessing our goods and services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

Do you require any additional or alternative assistance at this time? If so, please specify below.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

Do you have any questions/general comments about our Feedback Process? If so, please specify below.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

Contact Information

Name: _____ Phone Number: _____

Email: _____

Please return your completed form to us via email, or in-person/by mail to the following address:

Human Resources
Guardian Capital Group Limited
Commerce Court West
199 Bay Street, Suite 2700
P.O. Box 201
Toronto, ON M5L 1E8
Phone: 416-364-8341 | 1-800-253-9181
Email: hr@guardiancapital.com

We also welcome your feedback via telephone.

We will respond within seven (7) business days either in writing, in person, by e-mail or telephone acknowledging receipt of feedback and will set out the action to be taken in response to any concerns. Accessible formats and communication supports with respect to the Feedback Process will be provided upon request. A description of the Feedback Process is available upon request.

Thank you very much for taking the time to complete this Feedback Form. We greatly appreciate your feedback, and look forward to continuing to make the Guardian Capital Group of Companies an inclusive and accessible environment.