Thank you for visiting Brookfield. We value all of our Tenants, customers and visitors and strive to meet everyone's needs. Your comments are important to us as we want to ensure that your experience with Brookfield is a pleasant one.

Please complete and return this form to the Brookfield property you visited, either through Security or the Property Management Office. Thank you for your feedback.

Please tell us the date and ti	me of your visit (mm/dd/yyyy):	
What services were you look	ing for?	
Did we respond to your custo	mer service needs today? ☐ Yes ☐ No	
Was our customer service pr	ovided to you in an accessible manner?	
☐ Yes ☐ Somewhat ☐ I	10	
Did you have any problems a	accessing Building or goods and services withi	n our property?
☐ Yes ☐ Somewhat ☐ I	ło	
What could Brookfield do to	make it easier for you to access our goods and	d services?
Additional comments:		
Would you like to be contact ☐ No, I do not need to be co ☐ Yes, my preferred method ☐ Mail ☐ Phone	ntacted of contact is:	
COMP	ETE THIS SECTION ONLY IF YOU ARE - CONTACT INFORMATI	
First Name:	Last Name:	
Address:		
Phone:	·····	
Email:		
Brookfield is collecting the per questions about the collection Officer via email to privacy@	sonal information you provide on this form so we cal use and disclosure of your personal information by prookfieldofficeproperties.com.	n respond to your feedback. If you have any Brookfield, please contact the Brookfield Privacy