

Date: _____

Customer information

Name: _____

Feedback

How satisfied were the clients with the overall level of service?

Very Satisfied Fairly Satisfied Fairly Dissatisfied Very Dissatisfied Undecided

If dissatisfied, please tell us why:

How might we improve our service?

How did the clients experience our staff?

Very Satisfied Fairly Satisfied Fairly Dissatisfied Very Dissatisfied Undecided

If dissatisfied, please tell us why:

Do you have any further comments or suggestions that may help us improve our level of service?

Would the client like to give a testimonial about our services? This will be displayed on our website.

Yes No

Write testimonial:

Thank you for completing this questionnaire.