

Doc No: Form31

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Client/Name of Organisation:					Date:	
Name/Position:						
Email Address:				Telephone No:		
Thank you for being a valued participant. To continuously improve our service to you, and maintain our quality standards, we would appreciate any feedback you may be able to give us.						
1. How would you rate your satisfaction with the following aspects of the service you have received or accessed?						
Aspects		N/A	Unsatisfied	Satisfactory	Good	Superior
Customer service						
Quality of work						
Pricing / Value						
Professionalism						
Ability to meet needs						
Overall Performance						
2. Will you likely use our services again?						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure  If not, why not?						
3. Would you recommend us to a colleague or friend?						
4. Do you have any additional feedback or any other suggestions for improving our services?						