



Form 31. Feedback & Participant Survey

Doc No: Form31

Version No: 01

Version Date: 15/02/2023

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?

☐ Yes

☐ No

☐ Not sure

If not, why not?

3. Would you recommend us to a colleague or friend?



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4. Do you have any additional feedback or any other suggestions for improving our services?