

Client Service Feedback Form

Thank you for being client of Reception House. We value all of our clients and strive to meet everyone's needs.

Please tell us the date of your visit:

Date: _____

Were you satisfied with the service we provided you?

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

Comments

1. Was our service provided to you in an accessible manner?

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

Comments

2. Did you experience any problems accessing our services?

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

Comments

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

Thank-you,
Management