



## Client Satisfaction Feedback Form

Date of Visit: \_\_\_\_\_

Location of Visit: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

Did we meet your needs or expectations? Please circle one: YES NO

If no, please explain in detail:

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What suggestions would you make to improve this situation/problem?

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Were you served by a staff member during your visit? Please circle one: YES NO

Name or general description of staff member:

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May we contact you to discuss your concerns? If yes, please provide your contact information below:

Name:

Address:

Preferred method of contact:

Day time contact number:

Email:

Once this issue has been addressed, were you satisfied with the resolution?

Please circle one: YES NO

If no, please explain in detail:

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*Please feel free to use additional paper if required*