**Dear Valued Client,**

At [Your Company Name], your feedback matters.

As part of our commitment to quality and continuous improvement, we kindly invite you to share your experience with us through this short feedback form. Your insights help us understand what we’re doing well and where we can serve you better.

**Client Information**

|  |  |
| --- | --- |
| Company Name |  |
| Liaison |  | Designation |  |
| Email ID |  | Contact Number |  |

**Evaluation Criteria**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.N** | **Parameters** | **Very Poor** | **Poor** | **Satisfactory** | **Good** | **Very Good** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | Clarity and professionalism of communication | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2 | Courtesy and attitude of staff during interaction | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3 | Willingness to go the extra mile | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4 | Competitive pricing and payment terms. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5 | Ability to deliver services as per agreed schedule. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6 | Service delivery accuracy. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7 | Conformity of products/services to requirements | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8 | Response to complaints. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9 | How do you rate employee competency? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10 | Overall satisfaction with the service received | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| What did you like most about our service? |
|  |
| What would you like us to improve? |
|  |
| General Comment/Feedback |
|  |

We thank you for your valuable feedback.