

Client Feedback Questionnaire	
Date:	Company Name:
Job Number:	Client Representative:
Job Description:	
For Office Purposes Only:	
Focus Quality Manager:	Date:

Please write the number/rating for each statement.

1 2 3 4 5 6
 Strongly Disagree Generally Disagree Partly Disagree Partly Agree Generally Agree Strongly Agree

Performance Standards	1	2	3	4	5	6
1. We clearly identified your needs/objectives in relation to the project/assignment						
2. We met your needs in relation to objectives of the project/ assignment						
3. We kept you regularly informed of progress in relation to the project status						
4. We notified you promptly of any issues or changes to the project scope						
5. We kept our commitments on agreed timelines.						
6. We established effective working relationships with personnel in your organisation.						
7. Our report and advice was clear, concise and practical.						
8. We provided an accurate diagnosis of causes of problem areas.						
9. We provided a high standard of assistance and advice.						
10. We provide good value compared to our competitors.						

General Feedback
11. Can you please identify any aspects of our consulting services that were well done?
12. Can you please identify any aspects of our consulting that were not well done?
13. Is there something you would suggest to improve our service?