

All Locations

	Client Feedback	Questionnaire	
Company Name		Date	
Representative Name		Job Title	

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

Using the above guide, please indicate a rating for each of the following statements						
Performance Standards		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. Please identify any aspects of our consulting services that were well done?

12. Please identify any aspects of our consulting that were not well done?

13. Is there something you would suggest to improve our service?

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Issue 4 June 2023