Customer Feedback Form:

Date:…… **Project Name:……**

Dear valued Customer:

Thank you for choosing Acute Quality Consultants, it's our great pleasure to provide you best service all the time.
Your assistance in completing this form is appreciated. Your honest feedback helps us to serve you betterand enable us to work on improving our service standard.

Name of the organization and Address :	
Name of the contact person	
Designation	
Email ID	
Ph No:	
Project Consultant Name	

Customer Experience(please rate your satisfaction level as follows) **1: Excellent, 2: Good, 3. Fair 4: Poor**

	1	2	3	4
How effective was our consultant in fulfilling the specified responsibilities on this project?				
How satisfied were you with Communication				
How satisfied were you with the Project Management				
How satisfied were you with the project completing timeline				
How would you rate your overall customer experience				
Would you recommend our service to others	Yes	No		

Please provide us any additional comments or suggestions:

For office use only:

Reviewed By	
Action Taken	