

# CLIENT FEEDBACK FORM

Client Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 1. Service Satisfaction

Please rate your overall satisfaction with the service received:

Very Unsatisfied    Unsatisfied    Neutral    Satisfied    Very Satisfied

## 2. Feedback on Staff

Please provide any comments about the professionalism, friendliness, and competence of our staff:

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## 3. Product or Service Quality

Please comment on the quality of the product or service you received:

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## 4. Timeliness

Was the service/product delivered in a timely manner?

Yes    No

## 5. Additional Comments or Suggestions

Please provide any additional comments or suggestions to help us improve our service:

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By submitting this feedback form, you consent to the collection and use of your personal information for the purpose of improving our services, in accordance with Australian Privacy Principles under the Privacy Act 1988 (Cth). Your information will be handled confidentially and will not be disclosed to third parties without your consent unless required by law.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Received By (Staff Name)**

**Position**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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