

**Client Feedback Form**

**Contact Information**

Name: \_\_\_\_\_ Business /Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Thank you for accessing the Essex CFDC's services. We value all of our clients and strive to meet everyone's needs. Your feedback is important to us. By answering the following questions, you will help our organization to better assist you.

What is your overall satisfaction rating with our company? Please circle one:  
5 – very satisfied; 4 – somewhat satisfied; 3- Neither satisfied nor dissatisfied  
2 – Somewhat dissatisfied; 1 – very dissatisfied

*Please tell us why you feel that way.*

How likely are you to recommend our service to a friend or colleague? Please circle one:  
5 – very likely; 4- somewhat likely ; 3 – neither likely nor unlikely  
2 – somewhat unlikely; 1 – very unlikely

*Please tell us why you feel that way.*

Please rate your level of satisfaction with the staff in the following areas.  
(1 to 5 with 5 being the highest)

Responsiveness \_\_\_\_\_

Professionalism \_\_\_\_\_

Understanding of my needs \_\_\_\_\_

*If any rating below 3, please explain so we can assist you better in the future:*

Other comments: \_\_\_\_\_

THANK YOU!