NWF Facilities Ltd - Client Feedback Form

1. Client Information

Date of Feedback: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email / Phone (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. Service Provided

Please indicate the service(s) received:

[ ] Security Services

[ ] Facilities Management

[ ] Engineering / Electrical

[ ] Cleaning Services

[ ] Consultancy / Support

[ ] Other (please specify):

3. How would you rate the following areas?

Criteria Excellent Good Fair Poor N/A

Service Quality [ ] [ ] [ ] [ ] [ ]

Staff Professionalism [ ] [ ] [ ] [ ] [ ]

Responsiveness [ ] [ ] [ ] [ ] [ ]

Technical Knowledge [ ] [ ] [ ] [ ] [ ]

Problem Resolution [ ] [ ] [ ] [ ] [ ]

Compliance with Requirements [ ] [ ] [ ] [ ] [ ]

Sustainability & Environmental Responsibility [ ] [ ] [ ] [ ] [ ]

4. What aspects of our service were you most satisfied with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What could we improve?