NWF Facilities Ltd - Consumer Feedback Form

1. Basic Information

Date of Feedback: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Feedback Received By (Name/Department): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Consumer Name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organisation (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Details (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. Type of Service Received

[ ] Security Services

[ ] Facilities Management

[ ] Electrical / Engineering Services

[ ] Cleaning Services

[ ] Customer Support

[ ] Other (please specify):

3. Service Rating

Criteria Excellent Good Fair Poor N/A

Overall Satisfaction [ ] [ ] [ ] [ ] [ ]

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

Communication and Responsiveness [ ] [ ] [ ] [ ] [ ]

Timeliness of Service [ ] [ ] [ ] [ ] [ ]

Quality of Work Delivered [ ] [ ] [ ] [ ] [ ]

Value for Money [ ] [ ] [ ] [ ] [ ]

Environmental Responsibility [ ] [ ] [ ] [ ] [ ]

4. What did we do well?

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5. What could we improve?