

CLIENT Feedback Form



Thank you for taking a few minutes to complete this survey. The information you provide will help us provide better service to our clients.

Please circle the number that most closely fits your opinion with (1) being "very satisfied" and (5) "very unsatisfied." Your comments are also appreciated and please feel free to attach additional pages.

1. How satisfied were you with the turn-around time on the work we performed for you?

1 2 3 4 5

Comments:

2. How satisfied were you with the amount and timeliness of information given you regarding the status of your matter?

1 2 3 4 5

Comments:

3. How satisfied were you with the amount of attention your matter was given?

1 2 3 4 5

Comments:

4. How satisfied were you with the timeliness in responding to your telephone calls/letters?

1 2 3 4 5

Comments:

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5. How satisfied were you that the candidates' CVs were accessible on short notice?

1 2 3 4 5

Comments:

6. How satisfied were you with how we listened to your concerns?

1 2 3 4 5

Comments:

7. How satisfied were you that we understood your business and/or personal goals?

1 2 3 4 5

Comments:

8. How satisfied were you that your manpower requirements were appropriately filled in?

1 2 3 4 5

Comments:

9. How satisfied were you that our written communications were clear and concise?

1 2 3 4 5

Comments:

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10. How satisfied were you with the amount of information provided on our billing statement?

1 2 3 4 5

Comments:

11. How satisfied were you with our responsiveness to any billing comments that you made?

1 2 3 4 5

Comments:

12. How satisfied were you that we were cost-conscious in handling your work?

1 2 3 4 5

Comments:

13. How satisfied were you with the amount of fees and costs given the quality of the services we provided?

1 2 3 4 5

Comments:

14. How satisfied were you with the ability of this office to meet your manpower needs?

1 2 3 4 5

Comments:

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15. Please tell us what we should keep doing for you.

16. Please tell us what we should stop doing.

17. Please tell us any suggestions you may have to improve our ability to serve you.

18. Please tell us about any instance of anyone from our office not relating well to you and your staff.

19. Would you recommend us to others? ____ YES ____ NO

If not, why?

20. If we may use you as a reference, please write in your name and telephone number. We will always call you first before giving out your name.

Name: _____

Tel #: _____

Thank you for Answering the Form.

Kindly email the form to feedback@pniinternationalcorp.com