

Form TCF3: Client feedback form

It would be of assistance to us in our on-going efforts to ensure the quality of our service if you could kindly let us have your response to the following questions:

- | | | |
|--|---------------------------------|--------------------------------|
| 1. Was the service we provided appropriate to your needs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Did you understand the basis on which you were going to be charged? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Was it made clear to you whether we would provide a review service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Were you reluctant to provide any of the information we said we needed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Did our report explain clearly the reasons for our recommendations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Did we explain clearly the risks attaching to our recommendations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Did you experience any unacceptable delays? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Would you recommend us to your friends? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Do you feel you have received value for money? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Can you suggest any improvements in our service? (<i>please state below</i>) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Do you wish to receive our periodic client newsletters? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Any additional comments, for example, are there any areas in which we fell short of, or exceeded your expectations?:

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|---|---------------------------------|--------------------------------|
| Are you happy for us to use your comments on our marketing materials? (Comments used will always be anonymous) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|---------------------------------|--------------------------------|

Name of client:..... Signature:.....

Date:.....

Chosen Charity Name:.....

Registered Charity Number (if known):.....