

# Client Experience Rating Questionnaire

Thank you for taking the time to complete this questionnaire. Your feedback is invaluable to us and helps us improve our services. Please fill out the form below and print it once completed.

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## Client Information

Client / Company Name:

Contact Person:

Date:

Project or Service Provided:

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## Experience Rating

Please rate your experience on a scale from 1 to 10 (where 1 is "Poor" and 10 is "Excellent").

1. Quality of the service/product provided (Score 1-10):

2. Communication and responsiveness of our team (Score 1-10):

3. Timeliness of delivery and meeting deadlines (Score 1-10):

4. Professionalism and expertise demonstrated (Score 1-10):

5. Value for money/investment (Score 1-10):

6. Likelihood of recommending our services to others (Score 1-10):

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## Detailed Feedback

What did you enjoy most about working with us?

What are the key areas where we can improve our services?

Any additional comments or suggestions?