

B2B Client Service Feedback Template

Thank you for partnering with us. Please take a moment to provide your valuable feedback to help us improve our services. This template is designed to be filled out digitally or printed for physical completion.

1. Client & Partner Information

Client Company Name:	<input type="text"/>
Primary Contact Name:	<input type="text"/>
Job Title:	<input type="text"/>
Project / Service Name:	<input type="text"/>
Date of Evaluation:	<input type="text" value="DD/MM/YYYY"/>

2. Service Performance Evaluation

Please provide a rating (e.g., Excellent, Good, Fair, Poor) or score (1 to 5) and any brief comments for each category.

Performance Area	Rating / Score	Comments / Observations
Account Management Responsiveness, communication clarity, and accessibility.	<input type="text" value="Rating"/>	<input type="text"/>
Quality of Deliverables Accuracy, professionalism, and alignment with specifications.	<input type="text" value="Rating"/>	<input type="text"/>
Timeliness & Deadlines Adherence to project schedules and milestone delivery.	<input type="text" value="Rating"/>	<input type="text"/>
Problem Solving & Agility Ability to handle changes and resolve unexpected issues.	<input type="text" value="Rating"/>	<input type="text"/>
Value for Business Overall return on investment and business impact.	<input type="text" value="Rating"/>	<input type="text"/>

3. Qualitative Feedback

What aspect of our service has been most beneficial to your business operations?

What specific areas or processes need immediate improvement?

Are there any additional services or solutions you would like us to offer in the future?

Would you recommend our services to other business entities? (Please state Yes / No and briefly why):

4. Acknowledgment & Authorization

Please sign below to confirm that this feedback accurately represents your organization's perspective.

Authorized Representative Signature: **Date:**