

Client Communication and Feedback Preferences Form

Please complete this form to let us know how you would prefer to manage communications and project feedback. This document is formatted for printing and physical completion.

1. General Client Information

Full Name:

Company / Organization Name:

Primary Email Address:

Primary Phone Number:

2. Communication Preferences

Preferred Channel of Communication (e.g., Email, Phone, Video Call, Text):

Best Days and Times for Scheduled Calls/Meetings:

Urgent Contact Method (If we need an immediate response):

Preferred Frequency of Status Updates (e.g., Daily, Weekly, Bi-weekly, Milestone-based):

3. Feedback and Approvals

Preferred Method for Reviewing Work and Giving Feedback (e.g., Email, Live Shared Document, Video Review Session):

Name of Primary Decision Maker / Sign-off Authority:

Expected Timeframe for Providing Feedback (e.g., Within 24 hours, 2-3 business days):

4. Additional Instructions

Please specify any communication boundaries, timezone considerations, or other preferences: