



CLIENT FEEDBACK FORM

CLIENT INFORMATION			
Client Name		Job ID #	
Job Title		Date	
Client Project Manager		TGCL Project Manager	
TGCL Project Staff		Project Start Date	
Project Completion Date		Review Completed By	

RATINGS					
	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Overall Project Work Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Competence of Project Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Project Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Quality of Project Outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Value for Dollar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Overall Rating (average the rating numbers above)					

EVALUATION			
Was the Project lead helpful and receptive to ideas/suggestions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Comments</i>
Were you kept regularly informed of the progress of the Project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Comments</i>

Was your project delivered on time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Comments</i>
Would you hire TGCL again?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Comments</i>
What can we do better?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Comments</i>
Were all TGCL staff courteous and professional?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Comments</i>
Were you satisfied with the attitude and performance of TGCL's Project team?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Comments</i>

TESTIMONIAL

I, the undersigned, on behalf of _____ do hereby consent and agree that True Grit Consulting Limited, its subsidiaries, its employees, or agents have the right to use the testimonial below in any and all media, now or hereafter known, and exclusively for the purpose of True Grit Consulting Limited. I further consent that the name of the company I represent and identity may be revealed therein or by descriptive text or commentary. I understand that there will be no financial or other remuneration for utilizing this testimonial, either for initial or subsequent transmission or playback.

Client Signature		Date	
TGCL Representative		Date	