

Client Feedback Form

needs. Please tell us the date and time of your visit:	our clients and strive to meet everyone's
Did we respond to your client service needs today?	☐YES ☐ NO
Was our client service provided to you in an accessible	manner?
☐ YES ☐ SOMEWHAT ☐ NO	
Please explain:	
Did you have any problems accessing our services?	
☐ YES ☐ SOMEWHAT ☐ NO	
Please explain:	
-	
Please add any other comments you may have:	
Contact information (optional)*:	
Thank you.	
Management	
Please return this form to talent@millerthomson.com	