

CLIENT FEEDBACK QUESTIONNAIRE

Client Name: _____

Date: _____

Client Address: _____

Mesz Project#: _____

1. How was your overall experience in working with our company?

- Satisfactory
- Needs Improvement
- Unsatisfactory

2. Do you believe that the inspector displayed his knowledge and expertise in regards to the category of the inspection performed?

- Satisfactory
- Needs Improvement
- Unsatisfactory

3. Do you believe that the inspector performed his duty with professionalism, courtesy, and skill?

- Satisfactory
- Needs Improvement
- Unsatisfactory

4. Please provide any additional comments and/or suggestions to help us improve our services:

Client's Representative: _____

Date: _____