

CUSTOMER SURVEY

HELP US IMPROVE

Your Name: _____

Date: _____

Very Bad Bad Neutral Good Excellent

How would you rate the quality of the staff we place with you?

How would you rate the professionalism of our office team?

How would you rate our out of hours service?

Are you happy for us to visit you, this helps us better understand you're service?

Yes

No

Would you recommend Dean Healthcare

Yes

No

How else can we improve?

Thank you for your feedback