

ATWIMA NWABIAGYA NORTH DISTRICT ASSEMBLY

CUSTOMER SATISFACTION FORM

Date:

Name of Client/ Institution:		Contact Details (Address/Tel. No/ Location/email/Community)	
Age Bracket	Below 18	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Gender:
	18-40		
41-60	Disability:		
Above 60			

Check (✓) as Appropriate					
Statements	Strongly Agree	Agree	Disagree	Strongly Disagree	Remarks
Staff were courteous and helpful					
Staff provided complete and accurate information					
A timely response was provided					
Regularly updated on the status of request/complaint/enquiries (if applicable)					
Issues were adequately explained					
A satisfactory verbal/written communication was given					
My overall experience was positive					
Any other Comment/Observation:					