Post-Project Client Feedback Form

Name	
Company / Organization	
Project Name	
Was the project completed on time?	_1
	▼
Overall Satisfaction	
	▼
How would you rate our communication?	
	_
How would you rate the quality of the deliverables?	
Tiow would you rate the quality of the deliverables:	~
Areas for Improvement	
Testimonials / Comments	