## **Client Onboarding Feedback**

| Name  |   |
|---|---|
|   |   |
| Company   |   |
|   |   |
| How was your onboarding experience?             |   |
|   |   |
|   |   |
| Was the information provided clear and helpful? |   |
|   | • |
| Suggestions for improvement                     |   |
|   |   |
|   |   |
| Additional comments                             |   |
|   |   |
|   |   |