

CLIENT FEEDBACK FORM SUPP-02/F03

Title	CLIENT FEEDBACK FORM
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Client Feedback Form

Client Name: _____

Date: _____

Completed By: _____

Contact Details: _____

	Excellent	Good	Bad	Very Bad
General communication				
Analyst confidence				
Analyst knowledge				
Explanation of B-BBEE concepts				
Verification plan				
Appeal and complaints procedure				
Turnaround time				

Client signature: _____ Date: _____

Submit the document electronically to admin1@ingwaneverifications.co.za