CLIENT SATISFACTION SURVEY

(Check List)

Client Name: _____ **Billing Partner:** _____

Obtained approval from client: ____ /____ /____

Scheduled survey on: ____ /____ /____

Conducted survey on: ____ /____ /____

Discussed survey results with billing partner and identified follow-up strategy:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Completed: ____ /____ /____

Implemented follow-up: ____ /____ /____

KOHN COMMUNICATIONS

Marketing ■ Management ■ Leadership ■ Team Building ■ Conflict Resolution ■ Public Speaking

www.kohncommunications.com ■ 310.652.1442 (11.05)