



Your Name: _____
Your Address: _____
Your Reference Number: _____
Experts Name: _____

1. Did you receive our expectation letter? Yes No
2. Did you receive an appointment letter & SMS in time for your appointment? Yes No
3. Did our expert act in a professional manner? Yes No
4. Did our expert discuss and examine all your injuries? Yes No
5. Was the expert's venue clean, tidy and professional? Yes No
9. Are you happy with the level of customer service you received from our staff? Yes No
10. Do you know the name of the employee(s) you have spoken to in our office? _____
11. Would you recommend our services to others? Yes No

12. If you have any additional feedback you would like to provide, please specify below:

We would like to thank you for your feedback and appreciate your honest opinion. This questionnaire has been produced so we are able to improve our level of service for our customers. Please email or post this form back to us or alternatively you can fill this form online on our website: <http://www.clmedaid.co.uk/>