

**Client Satisfaction Questionnaire**

Offeror: \_\_\_\_\_

Project: \_\_\_\_\_

Client: \_\_\_\_\_

Name of  
Evaluator: \_\_\_\_\_

Position: \_\_\_\_\_

Phone No. \_\_\_\_\_

Email  
Address: \_\_\_\_\_

Please circle the appropriate response the following questions:

Was the team's response time to client's questions acceptable?	YES	NO
Was communication of schedule and problem issues adequate and consistent?	YES	NO
Was there an established problem solving routine?	YES	NO
Was the Contractor cooperative, capable, and effective in prosecuting the work?	YES	NO
Did Contractor's performance conform to the terms and conditions of the contract?	YES	NO
Once completed, did the project require unexpected maintenance activity or any significant warranty issues?	YES	NO
Have any latent defects been found?	YES	NO
Was the staffing level consistent with the project size and complexity?	YES	NO
Would the client use this firm again?	YES	NO

## Client Satisfaction Questionnaire

Offeror: \_\_\_\_\_

Project: \_\_\_\_\_

Client: \_\_\_\_\_

Name of  
Evaluator: \_\_\_\_\_

Comments regarding overall satisfaction of the above project:

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Signature: \_\_\_\_\_

Date:\_\_\_\_\_

**Submit the signed questionnaire (survey) as a part of Section III (Past Performance)**