

Cambridge Online Client Feedback Form








As an organisation your feedback is vital to us and our funders.
Please feel free to leave blank any sections you prefer not to answer:

Venue: _____ Your PostCode: _____ Today's Date: _____

Your Name: _____ Age (Please Circle): under 18 , 18-30 , 30-45
45-59 , 60+

Gender: M , F , Prefer not to say

How happy were you with the help you received today? (please tick)

									
Unsatisfied	Bad	Neutral	Good	Very Happy					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
1	2	3	4	5	6	7	8	9	10

Did we help solve your issue? Y / N

What help did you ask for today?

Did we help in any other ways, and how?

How did you find out about us?

Would you recommend us? Y / N

If willing to be contacted regarding your
feedback, please leave your email or phone number _____

We will always respect your right to privacy as per GDPR and never use your details for any other purpose.

For our privacy policy please visit www.cambridgeonline.org.uk/privacy