



Fold here and seal all open sides



602 Mt Albert Rd
Royal Oak, 1023
Auckland
New Zealand

CLIENT FEEDBACK FORM

How can we improve
your experience at



Fold here and seal all open sides

CLIENT FEEDBACK FORM

Thank you for visiting Revamp Hair. We are always looking to improve our products and services. Please help us by completing this feedback form so that we may use this information to identify opportunities to improve.

For each of the questions that follow please tick the appropriate answers as per the example below. In this example below, in this example our answer is **satisfactory**.

Poor	Unsatisfactory	Satisfactory	Good	Very Good
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions based on your most recent visit to Revamp Hair.

1 Appointment booking procedure?

Poor	Unsatisfactory	Satisfactory	Good	Very Good
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2 Staff presentation and manner?

Poor	Unsatisfactory	Satisfactory	Good	Very Good
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 Quality of service from Revamp Hair staff?

Poor	Unsatisfactory	Satisfactory	Good	Very Good
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4 Speed of service from Revamp Hair staff?

Poor	Unsatisfactory	Satisfactory	Good	Very Good
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5 Attention to your needs?

Poor	Unsatisfactory	Satisfactory	Good	Very Good
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6 Were you invited to re-book your next appointment?

Yes	No
<input type="radio"/>	<input type="radio"/>

7 How likely is it that you will visit again in the future?

Very Unlikely	Unlikely	Neutral	Likely	Very Likely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8 How likely would you be to recommend Revamp Hair to your friends or colleagues?

Very Unlikely	Unlikely	Neutral	Likely	Very Likely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9 How would you rate your overall experience at Revamp Hair?

Poor	Unsatisfactory	Satisfactory	Good	Very Good
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10 What, if anything, was pleasing, valuable or distinctive about the service you received from us?

11 What, if anything, should we urgently change to improve our service?

12 Are there any other comments you would like to add?

Name of Stylist: _____

Would you like us to contact you to discuss your feedback and comments?

Yes	No
<input type="radio"/>	<input type="radio"/>

Your name (Optional) _____

Phone number (Optional) _____



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