

Beneficiary Satisfaction Evaluation

Date: [Insert Date]

To: [Beneficiary Name]

Address: [Beneficiary Address]

Dear [Beneficiary Name],

We are reaching out to gather your feedback regarding your experience with our services. Your satisfaction is of utmost importance to us, and we continuously strive to improve our programs.

Evaluation Questions:

1. Was the application process clear and straightforward? (Yes/No)
2. How would you rate the quality of the services you received? (1-5 scale)
3. Did our team respond to your inquiries in a timely manner? (Yes/No)
4. What suggestions do you have for improving our services?

Please reply to this letter or contact us at [Contact Information] with your feedback. We appreciate your input and look forward to serving you better.

Thank you for your time and support.

Sincerely,
[Your Name]
[Your Position]
[Organization Name]