

Franchisee Client Experience Evaluation

Date: [Insert Date]

Franchisee Name: [Insert Franchisee Name]

Franchise Location: [Insert Location]

Dear [Franchisee Name],

We value your partnership and are constantly striving to improve the client experience across all our franchises. We would greatly appreciate your feedback regarding your recent experiences with our services.

Please take a few minutes to answer the following questions:

1. How would you rate your overall experience with our services?
 - Excellent
 - Good
 - Fair
 - Poor
2. What specific aspects of our service met or exceeded your expectations?
3. What areas do you think we could improve on?
4. Would you recommend our franchise to others? Why or why not?
5. Any additional comments or suggestions?

Your feedback is invaluable in helping us enhance our services. Please return this evaluation by [Insert Return Date]. Thank you for your participation!

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Contact Information]