

Client Grievance Resolution Feedback

Date: [Insert Date]

Client Name: [Insert Client Name]

Client Address: [Insert Client Address]

Subject: Feedback on Grievance Resolution

Dear [Client Name],

Thank you for bringing your concerns to our attention. We value your feedback and aim to ensure that your experience with our services meets your expectations.

Please take a moment to provide us with your feedback regarding the grievance resolution process. Your insights are crucial for us to improve our services.

Feedback Questions

1. How satisfied were you with the resolution provided? (1-5)
2. How well did our team communicate with you throughout the process? (1-5)
3. Were your concerns addressed in a timely manner? (Yes/No)
4. What suggestions do you have for improving our grievance resolution process?

We appreciate you taking the time to complete this feedback form. Your input is invaluable in helping us enhance our services.

Thank you for your cooperation.

Sincerely,
[Your Name]
[Your Position]
[Company Name]
[Contact Information]