

Satisfaction Feedback Form

In an effort continually improve our service, please take a few minutes to give us your feedback on the services you received. Please return your completed form to your consultant or to us via e-mail. Our e-mail address: office@chestnutce.com

Name of Your Consultant:

Your Company's Name:

Total number of session to date:

Date:

The consultation has been useful to me being able to solve my problem

1

2

3

4

5

By solving/starting to solve my problem I can concentrate on my work better.

1

2

3

4

5

By solving/starting to solve my problem I feel that I am often eager to get to the work site to start the day.

1

2

3

4

5

By solving/starting to solve my problem so far my life seems to be going very well.

1

2

3

4

5

How satisfied are you with the entire EAP service provided to you?

1

2

3

4

5

Thanks for Your Feedback!