

Customer Feedback Form

Please return to office@bsl-link4comm.co.uk or post to BSL Link for Communication Ltd, 22 Sussex Rd, Haywards Heath, West Sussex, RH16 4EA

Alternatively you may record your feedback on DVD in BSL or request face to face contact.

1. Name

2. Address

 Post Code :

3. Mobile/text no

4. Email address

5. Booking Details

| | | |
|-------|-------|--------|
| Date: | Time: | Place: |
|-------|-------|--------|

6. Please tick service provided

| | | | |
|-------------------------|------------|----------|------------|
| BSL/English Interpreter | Lipspeaker | ENT/STTR | Deaf Relay |
|-------------------------|------------|----------|------------|

7. On-line booking form

| | | |
|--|------------------------------|-----------------------------|
| Do you feel the on-line form is easy to use and could we improve the form? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments: | | |

8. Email/text communication

| | | |
|------------------------------|------------------------------|-----------------------------|
| Were emails and texts clear? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments: | | |

9. Quality of service provided by the Language Service Professional

Were you satisfied with the standard of interpreting? Yes No

Comments:

10. Future bookings

Will you book through this agency again? Yes No

If no, please give details:

11. Changes

Is there anything we could do better? Yes No

Comments:

12. Any other comments

Thank you for your time in completing this form. We value your feedback as we continually aim to improve our service.

Signed **Date**

Office use only:
Feedback received by *Date:*