

## Affinis Client Satisfaction Questionnaire – Interactive Form

Completed by: _____	Date: _____
Position: _____	Phone: _____
Company/Agency: _____	Email: _____
Project: _____	_____

1. Please indicate how well Affinis performed using the following scale:
 

5 = Superior, Exceptional, Always	2 = Less than Satisfactory
4 = Excellent, Great Job	1 = Poorly, Not at All, Never
3 = Satisfactory, Average	X = Topic does not apply to this project

**TO USE THE INTERACTIVE FORM:** Click each shaded area to use the drop-down fields on-screen. Type into the shaded fields. Save the file with a new name, and email it back.

**TO USE HARD COPY:** Print the form, mark your answers, and fax or mail your hard copy to us.
2. Please rate all criteria. In addition, there is a checkbox to the left of each item. Check the three (3) areas that are most important to you in evaluating your satisfaction with Affinis.
3. If you want to add comments beyond this single page, you may type your comments at the bottom (or attach a second sheet).

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<p><b>Thanks for your feedback!</b></p> <p>We are committed to continuously assessing and improving our performance in order to fulfill our vision of making Affinis the consultant of choice and the employer of choice. We believe the path to building long-lasting relationships with co-workers, clients and colleagues is by knowing their needs and fulfilling their expectations.</p>	<p><b>Please return completed questionnaire to Affinis:</b></p> <p>Via email: <a href="mailto:ascott@affinis.us">ascott@affinis.us</a>              Via fax: 913-239-1111              Attn: Andrea Scott              Via mail: Andrea Scott              Affinis Corp              7401 W 129<sup>th</sup> Street, Suite 110              Overland Park, KS 66213</p>
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You may type additional comments here:

(The space will expand as you type.)