01 Feedback & Testimonial Form

HOW DID WE DO?

Thank you for trusting Designatix. Your feedback helps us improve and helps new clients get to know us.

The form takes two minutes.

Name

Position

Company

Project

Date

Rate Your Experience

1 = poor · 5 = excellent

Criterion	Rating
Quality of deliverables	1 2 3 4 5
Meeting deadlines	1 2 3 4 5
Responsiveness and communication	1 2 3 4 5
Understanding the project's needs	1 2 3 4 5
Handling feedback	1 2 3 4 5
Value for money	1 2 3 4 5

How likely are you to recommend us to a colleague?

Not likely 0 1 2 3 4 5 6 7 8 9 10 Very likely

What did you like most about working with us?

What could we improve?

Your Testimonial (optional)

Write a few lines about your experience with Designatix, as you'd like it to appear on our website.

Permission to Publish

- [ ] I agree to publish my comment with my name, position and company
- [ ] Company name only
- [ ] Anonymously
- [ ] I agree to show our company logo among your clients
- [ ] I do not agree to publication

Signature

Date

Thank you.

We look forward to working with you again on your next project.

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