



## CLIENT FEEDBACK FORM

Thank you for visiting Good Shepherd Ministries.

We value all of our clients, volunteers, donors, visitors and staff, and strive to meet everyone's needs.

Date and Time of Your Visit: \_\_\_\_\_

Was the service provided accessible to you?

- YES                       SOMEWHAT                       NO (*please explain below*)

Did you have any problems accessing our services?

- YES (*please explain below*)       SOMEWHAT (*please explain below*)       NO

Please add any other comments you may have:

Contact information *(optional)*:

Thank you for your assistance in making Good Shepherd  
Ministries  
a welcoming and caring agency.