



Gravic Occupational Health

INDIVIDUAL CLIENT FEEDBACK FORM

Thank you for allowing us to assist with your occupational health related issues. In an effort to improve our services, we would appreciate if you would take a moment to complete this feedback form.

Please indicate your position:

- Worker Management Advocate Lawyer Other _____

Please indicate your level of agreement with the following statements:

	Strongly AGREE	AGREE	Unsure	DISAGREE	Strongly DISAGREE
GRAVIC staff seemed knowledgeable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GRAVIC staff conducted a thorough investigation of my complaint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The report answered my questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The report was complete yet easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The report was provided in the expected timeframe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GRAVIC has increased my understanding of this issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A GRAVIC brochure was made available to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would consider using GRAVIC's services in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate any comments below:

FOR MORE INFORMATION ABOUT GRAVIC SERVICES, please complete below:

I would like more information about:

Name:

Phone:

Email: