**Family Feedback Form**

In order to serve you better, we know that it is important to accept any criticisms along with praise to excel in our business. We encourage you to provide us with your genuine comments on how well we served you in your time of need.

**Personal Information:**

**Name of Deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the Funeral Director who assisted you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Why did you choose our funeral home? (Choose all that apply)**

**[ ]  Service pre-arranged** **[ ]  Religious affiliation**

**[ ]  Recommended by clergy** **[ ]  Recommended by friend**

**[ ]  Previously served family** **[ ]  Reputation**

**[ ]  Location** **[ ]  Facilities**

**[ ]  Prices/Value** **[ ]  Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Was our staff courteous and compassionate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Satisfied** | **Neutral** | **Dissatisfied** |
| **Initial contact with our firm** |  |  |  |
| **Arrangement conference** |  |  |  |
| **Merchandise selection** |  |  |  |
| **Visitation** |  |  |  |
| **Arrangement co-ordination** |  |  |  |
| **Appearance of facilities** |  |  |  |
| **Staff attitude** |  |  |  |

1. **Would you please rate the following, if they apply? (choose only one response for each item)**
2. **Would you like assistance in choosing a monument or keepsakes? If yes the number you would like us to contact you at is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**
3. **Based on your experience, would you recommend our funeral home to others? (If the answer is no, please explain below)**

**[ ]  Yes** **[ ]  No** **[ ]  Not sure**

**Additional Comments or Suggestions:**

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