



### **Client Feedback Form**

To ensure we offer the highest level of treatment experience, we ask if you would please complete or print and fill out this feedback form. You may drop it in or post it to:

**Attn:** D Parikh  
 Elegant Eyebrows NSW Pty Ltd  
 8 James Green Cl, Kellyville, NSW 2155

Name (optional): \_\_\_\_\_

Contact Number (optional): \_\_\_\_\_

Email (optional): \_\_\_\_\_

Treatment you experienced \_\_\_\_\_

Your beauty therapists' name: \_\_\_\_\_

#### **Tick the appropriate description for the following:**

<i>Description</i>	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>
Beauty Therapists personal presentation				
Initial greeting –				
• Phone				
• In Salon				
Treatment room cleanliness				
Treatment room ambience				
Explanation of treatment				
Value for money				

Did you make a future appointment at the end of your treatment: YES / NO

Is there anything you would change or suggest that may improve your next treatment experience with us?

\_\_\_\_\_

Are there any other treatments you would like us to offer?

\_\_\_\_\_

Your feedback is very important as there is always room for improvement.

We thank you for taking the time and look forward to welcoming you in the salon again.

**The Team Elegant Eyebrows, Erina Fair**