

## **FEEDBACK FORM**

We would be grateful if you would take a few minutes to complete this short questionnaire and return it in the pre-paid envelope enclosed.

How would you rate the overall s	service provided b	y the crematorium?			
	Poor	Satisfactory	Good	Excellent	
Please indicate your satisfaction	with the following	g aspects of the serv	rice provid	ed by marking an	X
Quality of music:	Poor	Satisfactory	Good	Excellent	N/A
Helpfulness of Crematorium staff:	Poor	Satisfactory	Good	Excellent	N/A
Cleanliness of chapel & facilities:	Poor	Satisfactory	Good	Excellent	N/A
Cleanliness of waiting room:	Poor	Satisfactory	Good	Excellent	N/A
Cleanliness of toilets:	Poor	Satisfactory	Good	Excellent	N/A
Appearance of Crematorium ground	ds: Poor	Satisfactory	Good	Excellent	N/A
Appearance of Memorial Areas:	Poor	Satisfactory	Good	Excellent	N/A
Website Information:	Poor	Satisfactory	Good	Excellent	N/A
Were you advised by the Funera	Director that then	e were different			□ NI-
lengths of services available?				Yes	No
Was there any aspect of the fund		•		□ Vo o	□ No
or that you were not aware or advised of, by your Funeral Director?					
Were you advised by your Funeral Director of the options available to you regarding the cremated remains?  Yes  No					
In order to maintain the natural I	ook of our garden	s, we restrict the			
amount & type of personal items	allowed. Do you	agree with this polic	y?	Yes	No
O \/-!! O			- t- f:!!	If la a a a	
Cam Valley Crematorium is committed comments regarding the service that	· ·			. If you have any a	aditional
If you would like us to contact you r		•		lan a memorial or fi	nal resting
place of your loved one please prov		-	to noip to p	ar a momenta of h	riai rootii ig
Name:					
Address:					
Postcode:		Tel No:			
Email:					
Date of Service:					

Thank you for taking the time to complete this questionnaire.

Westerleigh Group will only use the information provided to monitor and improve service levels. Data will never be shared with a third party.