





















Broker Evaluation form - How Did We Do?

The answers you give will help us to make our services better.

Question:		YES	MOSTLY	NO									
friendly face 	Were we friendly and helpful when you called us?												
date 	Did your Broker call you within 2 days of getting your referral?												
	Did your Broker keep you informed of the work they were doing?												
important to me 	Did your Broker work well with the people important to you?												
how do you feel 	Do you feel your issues have been addressed?												
	Do you feel you have a support plan that works for you?												
	Would you recommend using a Broker?												
better 	Would you work with your broker again?												
<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">yes</td> <td style="text-align: center;">sometimes</td> <td style="text-align: center;">no</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	yes	sometimes	no				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How happy were you with your Broker			
yes	sometimes	no											
													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											