**Feedback form**

DITU value your feedback and suggestions in ways we can improve our service.

|  |  |
| --- | --- |
| **Your name** |  |
| **Organisation / Department** |  |
| **Date of interpretation session** |  |
| **Time of interpreting session** |  |
| **Language used** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *\*please indicate by ticking the box for each question how satisfied you were with the service* | Excellent | Good | Average | Poor | Not acceptable |
| **How would you rate the helpfulness of the member of staff who dealt with your booking** |  |  |  |  |  |
| **How clear was the information and advice you received** |  |  |  |  |  |
| **How would you rate the accessibility of the service** |  |  |  |  |  |
|  | | | | | |
| **How was the interpreters timekeeping** |  |  |  |  |  |
| **How was the interpreters professional attitude** |  |  |  |  |  |
| **How was the interpreters competency in English** |  |  |  |  |  |
| **Overall how well was the session completed** |  |  |  |  |  |
| **Any further comments you wish to make** | | | | | |
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