Klarstig

Healthcare & Wellness Event Feedback

Share what worked well and what could be improved. Specific examples help the team decide what to keep and what to change.

Contact and reference

Organization using this document

Your name or contact reference

Optional. Leave blank if you do not want to identify yourself in this local draft.

Email for a reply if needed

Information for this document

Activity product or service you experienced *

Date or period of the experience

Overall experience *

- ☐ Very poor
- ☐ Poor
- ☐ Neither good nor poor
- ☐ Good
- ☐ Very good

What worked well

What should change *

An example that explains your feedback

May the team contact you about this feedback

[ ] Yes [ ] No

Specific details

Event name date and location

Complete when relevant to this request.

Event role schedule and practical arrangements

Operating context

Facility service or administrative reference

Complete when relevant to this request.

Practical access scheduling and authorized communication arrangements

Limitations and what needs setup

- Submitting the form records the answers in your workspace. It does not approve, schedule, charge or reply on its own unless you add that step to the workflow.
- Email notifications, approval routing, document generation and connections to other systems are available but not switched on until you configure them.

Want help tailoring this form? Free, Starter and Pro include five personal setup sessions, up to 30 minutes each, per new organization.

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