



JOB CLOSE CRITIQUE FORM

Date: _____
Project Name: _____
Project Manager: _____

Client Comments & Concerns

General reactions to the process:

Customer rating of key areas (1-10):

_____ Cost vs. Budget	_____ Project Manager	_____ Office Staff
_____ Billing Process	_____ Timeless of Project	_____ Sub Contractors
_____ Change Order Process	_____ Quality of Workmanship	_____ Security During Proj.
_____ Fixture Selection Process	_____ other	_____ other

Comments on Areas needing improvements:

Sales' Comments & Concerns

General reactions to the project:

Comments on Areas needing improvements: