

Post-Engagement Client Experience Report

Client Name: _____

Project/Service: _____

Date of Engagement Completion: _____

Report Date: _____

1. Executive Summary

Provide a concise overview of the engagement, outcomes, and overall client experience.

2. Objectives & Scope

- Objective 1: _____
- Objective 2: _____
- Scope Covered: _____

3. Key Deliverables

Deliverable	Status	Notes
Deliverable 1	Completed/Not Completed	_____
Deliverable 2	Completed/Not Completed	_____

4. Feedback Summary

Client Feedback:

- What went well: _____
- Areas of improvement: _____
- Additional comments: _____

5. Measurable Outcomes

Metric / KPI	Target	Achieved
_____	_____	_____

6. Lessons Learned

- _____
- _____

7. Next Steps / Recommendations

- _____
- _____

8. Sign-off

Prepared By: _____
Date: _____

Client Representative: _____
Date: _____