

# Client Review Response Documentation Sheet

**Client Name**

**Project/Document Name**

**Date of Review**

**Prepared By**

| # | Client Review Comment | Response/Action Taken | Responsible          | Date Completed       | Status               |
|---|-----------------------|-----------------------|----------------------|----------------------|----------------------|
|   | <input type="text"/>  | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|   | <input type="text"/>  | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|   | <input type="text"/>  | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |