

# CUSTOMER FEEDBACK FORM

Location: \_\_\_\_\_ Reference No.: \_\_\_\_\_

## Customer Information:

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Feedback Details:

Service/Product Name: \_\_\_\_\_

Please rate the following aspects:

	Ratings			
	Excellent	Good	Fair	Poor
Quality of Product/Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Additional Comments:

Would you like to be contacted regarding your feedback?

Yes  No

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

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