**Customer Feedback Form**

**[COMPANY/BUSINESS NAME]**

[Street Address]

[City, ST ZIP Code]

[Phone] | f [Fax] | [Website] | [Email]

Thank you for visiting [COMPANY NAME] We value all our customers and strive to meet everyone’s needs. Please tell us the date and time of your visit:

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Address [OPTIONAL] |  | |
| Email |  | |
| Phone [OPTIONAL] |  | |
| Please tell us the date and location of your visit. | | |
| DATE: | | LOCATION: |

|  |  |
| --- | --- |
| Did we respond to your customer service needs today? | Choose an item. |
| Was our customer service provided to you in an accessible manner? | Choose an item. |
| Did you have any problems accessing our goods and services? | Choose an item. |
| Were you satisfied with the customer service we provided you? | Choose an item. |
| Was our customer service provided to you in an accessible manner? | Choose an item. |
| Did you experience any problems accessing our goods and services? | Choose an item. |
| Feedback |  |
|  | |
| Suggestion for Improvement: |  |
|  | |
|  |  |

### Additional comments

[Response]

Review of suggestions for improvement by Quality Manager:

|  |
| --- |
|  |