|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name: |  | | |
| Date: |  | Contact (optional): |  |

Overall Satisfaction

On a scale of 1 to 5, please rate your overall experience with us:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 = Very Dissatisfied | 2 = Dissatisfied | 3 = Neutral | 4 = Satisfied | 5 = Very Satisfied |

Product/Service Quality

Please rate the following aspects of our product/service:

|  |  |  |
| --- | --- | --- |
| Aspect | Rating [1-5] | Comments |
| Product/Service quality |  |  |
| Value for money |  |  |
| Ease of use |  |  |
| Reliability/Consistency |  |  |

Customer Service

Please rate your experience with our customer service team:

|  |  |  |
| --- | --- | --- |
| Aspect | Rating [1-5] | Comments |
| Friendliness |  |  |
| Knowledge |  |  |
| Response Time |  |  |
| Issue Resolution |  |  |
|  |  |  |

Suggestions for Improvement

|  |  |
| --- | --- |
| What could we do to improve our product/service? |  |
|  |
|  |
| Are there any features or services you would like us to add? |  |
|  |
|  |

Additional Feedback

|  |  |  |
| --- | --- | --- |
| What did you enjoy most about our product/service? |  | |
|  | |
|  | |
| Would you recommend us to others? | Yes [ ] No [ ] | Why or why not? |

Demographic Information (Optional)

|  |  |
| --- | --- |
| Age Range: | Under 18 [ ] 18-24 [ ] 25-34 [ ] 35-44 [ ] 45-54 [ ] 55+ [ ] |
| How often do you use our product/service? | Daily [ ] Weekly [ ] Monthly [ ] Occasionally [ ] First Time [ ] |

Permission to Follow Up

|  |  |
| --- | --- |
| May we contact you to follow up on your feedback? | Yes [ ] No [ ] |

Thank you for your valuable feedback!

Prepared by: wordexceltemplates.com