**Customer Service Feedback Form**

**[Company Name]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Customer Name (Optional)** | |  | |
| **Contact (Optional)** |  | **Date of Interaction** |  |
| **[Customer ID / Order No. (if applicable):** | |  | |

**Service Interaction Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Service Representative Name | Jane Smith | Type of Service | Phone Support |
| Query / Issue Type | Product Inquiry | Resolution Provided | Yes / No / Partially |

**2. Customer Satisfaction Ratings**

*(Rate on a scale of 1–5, where 1 = Poor, 5 = Excellent)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Rating (1–5)** | **Question** | **Rating (1–5)** |
| Friendliness and Courtesy of Staff | 4 | Knowledge / Competence of Staff | 5 |
| Promptness / Response Time | 4 | Clarity of Information Provided | 5 |
| Overall Satisfaction | 4 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**3. Additional Feedback**

* What did you like most about your interaction?  
  *Sample Entry:* “The representative was very patient and explained clearly.”
* What can we improve?  
  *Sample Entry:* “Quicker response on live chat would be helpful.”
* Any other comments / suggestions:  
  *Sample Entry:* “Offer more self-help resources on the website.”

**4. Optional Follow-Up**

Would you like us to follow up regarding your feedback?

* Yes
* No

**Preferred Method of Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_