**Product Feedback Form**

**[Company Name]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Product Name / Model:** |  | **Date of Purchase / Use:** |  |
| **Customer Name (Optional):** |  | | |
| **Email / Contact (Optional):** |  | | |

**1. Product Satisfaction**

Please rate the following aspects of the product on a scale of 1–5 (1 = Very Poor, 5 = Excellent)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Feature / Aspect** | **1** | **2** | **3** | **4** | **5** | **Feature / Aspect** | **1** | **2** | **3** | **4** | **5** |
| Product Quality | ☐ | ☐ | ☐ | ☐ | ☐ | Ease of Use | ☐ | ☐ | ☐ | ☐ | ☐ |
| Design / Appearance | ☐ | ☐ | ☐ | ☐ | ☐ | Value for Money | ☐ | ☐ | ☐ | ☐ | ☐ |
| Packaging | ☐ | ☐ | ☐ | ☐ | ☐ |  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |  | ☐ | ☐ | ☐ | ☐ | ☐ |

**2. Product Performance**

* Did the product meet your expectations? ☐ Yes ☐ No
* How likely are you to recommend this product to others? (1 = Not Likely, 5 = Highly Likely) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
* How often do you use the product? ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely

**3. Open Feedback / Suggestions**

Please provide any comments or suggestions to improve the product:

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| --- |
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**4. Optional Customer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Address:** |  | **Phone Number:** |  |

**Thank you for your feedback! Your opinion helps us improve our products and services.**