**Customer Feedback Form**

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| --- | --- | --- | --- |
| **Company Name:** |  | | |
| **Date:** |  | **Customer Name:** |  |
| **Contact (Email/Phone):** |  | **Invoice/Order No:** |  |

**Section 1: Service / Product Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Product / Service Purchased | Laptop Repair Service | Date of Purchase / Service | 10-Oct-2025 |
| Staff Member / Agent (if applicable) | Mr. Ali Khan |  |  |

**Section 2: Customer Experience Rating**

Please rate the following aspects on a scale of **1 to 5**  
(1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria** | **1** | **2** | **3** | **4** |
| Product / Service Quality | ☐ | ☐ | ☐ | ☐ |
| Timeliness of Delivery / Service | ☐ | ☐ | ☐ | ☐ |
| Staff Professionalism | ☐ | ☐ | ☐ | ☐ |
| Value for Money | ☐ | ☐ | ☐ | ☐ |
| Overall Experience | ☐ | ☐ | ☐ | ☐ |

**Section 3: Open Feedback**

**What did you like most about our product/service?**

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|  |

**What can we improve?**

|  |
| --- |
|  |
|  |

**Would you recommend us to others?**  
☐ Yes  ☐ No  ☐ Maybe

|  |
| --- |
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|  |

**Section 4: Additional Comments**

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**Section 5: Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Received By |  | Date Received | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ |
| Action Taken |  | Follow-Up Required | ☐ Yes ☐ No |