**Customer Feedback Form**

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Email:** |  | **Phone (optional):** |  |

**Service/Experience Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Service/Purchase: |  | Product/Service Used: |  |

**Feedback Questions**

|  |  |  |  |
| --- | --- | --- | --- |
| How satisfied are you with our product/service? | Very Satisfied | Satisfied | Neutral |
| Dissatisfied | Very Dissatisfied |  |
| How would you rate the quality of our service? | | ⭐⭐⭐⭐⭐ (1 = Poor, 5 = Excellent) | |
| How likely are you to recommend us to others? | Very Likely | Likely | Neutral |
| Unlikely | Very Unlikely |  |
| What did you like most about our product/service? | |  | |
|  | |
| What can we improve? | |  | |
|  | |
| Any additional comments or suggestions: | |  | |
|  | |
|  | |

**Permission**

* I agree to let my feedback be used for service improvement and testimonials.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature (optional):** |  | **Date:** |  |