**Customer Satisfaction Survey Form**

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| **Company Name:** |  | | |
| **Date:** |  | **Customer Name:** | (Optional) |
| **Contact (Optional):** |  | **Invoice/Order No:** |  |

**Section 1: Overall Experience**

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| **Question** | **Rating Scale (Please ✓ one)** |
| 1. How satisfied are you with our product/service quality? | ☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied |
| 2. How would you rate our staff’s professionalism and courtesy? | ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor |
| 3. How satisfied are you with the timeliness of delivery/service? | ☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied |
| 4. How easy was it to reach our customer support team? | ☐ Very Easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very Difficult |
| 5. How likely are you to purchase from us again? | ☐ Very Likely ☐ Likely ☐ Neutral ☐ Unlikely ☐ Very Unlikely |

**Section 2: Product/Service Evaluation**

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| --- | --- |
| **Question** | **Rating (1 = Poor, 5 = Excellent)** |
| 6. Product reliability and performance | ☐1 ☐2 ☐3 ☐4 ☐5 |
| 7. Value for money | ☐1 ☐2 ☐3 ☐4 ☐5 |
| 8. Availability of support or information | ☐1 ☐2 ☐3 ☐4 ☐5 |
| 9. Ease of ordering or booking | ☐1 ☐2 ☐3 ☐4 ☐5 |
| 10. Overall satisfaction | ☐1 ☐2 ☐3 ☐4 ☐5 |
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**Section 3: Open-Ended Questions**

1. What did you like most about our product or service?

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1. What areas can we improve on?

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1. Any suggestions or additional comments?

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**Thank you for your feedback!**  
Your input helps us improve our services and serve you better.