**Service Evaluation Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company/Organization Name:** |  | **Service Type:** |  |
| **Date of Service:** |  | **Customer Name (Optional):** |  |
| **Contact (Optional):** |  |  |  |

**Section 1: Service Quality Evaluation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **Excellent (5)** | **Good (4)** | **Fair (3)** | **Poor (2)** | **Very Poor (1)** |
| Promptness of Service | ☐ | ☐ | ☐ | ☐ | ☐ |
| Staff Professionalism | ☐ | ☐ | ☐ | ☐ | ☐ |
| Communication & Clarity | ☐ | ☐ | ☐ | ☐ | ☐ |
| Service Accuracy (as requested) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Problem Resolution | ☐ | ☐ | ☐ | ☐ | ☐ |
| Value for Money | ☐ | ☐ | ☐ | ☐ | ☐ |
| Overall Satisfaction | ☐ | ☐ | ☐ | ☐ | ☐ |

**Section 2: Open Feedback**

**1. What did you like most about our service?**

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|  |

**2. What can we improve on?**

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|  |
|  |

**3. Were your concerns resolved to your satisfaction?**  
☐ Yes  ☐ No  ☐ Partially

**4. Would you recommend our service to others?**  
☐ Definitely  ☐ Maybe  ☐ No

**Section 3: Additional Comments**

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**Section 4: For Office Use Only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reviewed By** | **Designation** | **Date** | **Follow-Up Required** | **Action Taken** |
|  |  |  | ☐ Yes ☐ No |  |
|  |  |  | ☐ Yes ☐ No |  |