



Product Feedback/Customer Satisfaction Form

Your Name: _____ Your Email: _____

Your Address: _____ (S) _____

Contact No: _____ NRIC: _____

Product(s) Purchase: _____ Date of Purchase: _____

_____ Purchase Outlet: _____

_____ Name of promoter: _____

Q1: Are you satisfied with the product(s)?

Yes No Kindly state your reason _____

Q2: Are you happy with our service?

Yes No Kindly state your reason _____

Q3: Name your favorite Josephine Product. _____

Q4: How did you first know about us?

Newspaper Magazine E-mailer Direct Mailer

Website Signboard Family Friend

Others: _____

Q5: Please rate our products & services on the following:

<u>SERVICE</u>	Excellent	Good	Satisfactory	Poor
Attentiveness of Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Courtesy and Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>PRODUCTS</u>				
Quality of Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy Usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6: How can we improve further? _____

Q7: Will you recommend Josephine Products to your friends and family?

Yes No Kindly state your reason _____

Q8: Overall experience at Josephine Cosmetics

Excellent Good Satisfactory Poor

Brief Comments: _____

Thank you for your continual support. We look forward to serving you again!