

Call Quality Monitoring Form Template

Agent Information

Agent Name: _____

Date of Evaluation: _____

Evaluator Name: _____

| Criteria | Excellent | Good | Needs Improvement | Comments |
|-----------------------|--------------------------|--------------------------|--------------------------|----------|
| Greeting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Listening Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Response Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Call Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Resolution Efficiency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Closure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Overall Impressions and Recommendations:

Evaluator's Signature: _____ **Date:** _____