Customer Feedback Form PDF

Customer Details	
• Full Name:	
Contact Number:	
Email Address:	
Visit Information	
Date of Interaction:	
Service/Product:	
Location/Branch:	
Rating Scale	
Satisfaction Level (1-5):	
Staff Friendliness (1-5):	
• Cleanliness (1-5):	
• Efficiency (1-5):	
Feedback Section	
Please detail your experience with our service/product:	

Improvement Suggestions

What improvements wo	ould you like to see?	
Follow-up		
□ Please contact me to	o discuss this feedback further.	
Consent		
 □ I consent to my data 	being used for marketing purposes.	
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