Customer Feedback Form Template

• Name:	
• Email:	
• Phone:	
Feedback Details	
• Date:	
Location/Store Visited:	
Service/Product Purchased:	
Experience Rating	
Overall Satisfaction: □ Very Satisfied □ Satisfied □ Neutral □ Dissatisfied	ed
☐ Very Dissatisfied	
Service Quality: □ Excellent □ Good □ Fair □ Poor	
Product Quality: □ Excellent □ Good □ Fair □ Poor	
$ullet$ Would you recommend our product/service? \Box Yes \Box No	
Detailed Feedback	
What did you like most about the service/product?	
What can we improve? Please provide specific details.	

Additional Comments

Please share any other co	Please share any other comments or suggestions.		
Permission to Contact			
□ I agree to be contacted	for further information about my feedback.		
Signature:	Date:		