**Client Satisfaction Questionnaire Form Online**

**Client Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Company (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Service Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Method (Email/Phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Online Service Feedback**

| **Criteria** | **Excellent ☐** | **Good ☐** | **Fair ☐** | **Poor ☐** |
| --- | --- | --- | --- | --- |
| **Ease of Access** |  |  |  |  |
| **Responsiveness** |  |  |  |  |
| **Clarity of Communication** |  |  |  |  |
| **Resolution of Issues** |  |  |  |  |
| **User Experience** |  |  |  |  |

**Checkbox Section**

* **Did you find our online service easy to use? ☐ Yes ☐ No**
* **Were your questions answered promptly? ☐ Yes ☐ No**
* **Would you recommend our online service to others? ☐ Yes ☐ No**

**Comments & Suggestions**

**Signature**

* **Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**