# 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: _____**