

Customer Service Feedback Form

Customer Name: _____

Date of Service: _____

Service Representative: _____

Rating Scale (1 to 5):

1 = Poor, 5 = Excellent

1. How would you rate the overall service? () 1 () 2 () 3 () 4 () 5
2. Was your issue resolved promptly? () Yes () No
3. Was the representative helpful and courteous? () Yes () No

Feedback:

What did you like about the service?

What could we improve?

| Feedback Category | Excellent () | Good () | Average () | Poor () |
|--------------------|---------------|----------|-------------|----------|
| Response Time | | | | |
| Knowledge of Staff | | | | |
| Problem Resolution | | | | |

Would you recommend our service? () Yes () No

Signature: _____

Date: _____