**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**