**Customer Service Feedback Evaluation Form**

**Customer Information  
Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Interaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Method of Contact (Phone/Email/In-Person): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Feedback Areas  
Please rate the service provided in the following areas:  
1. Politeness and Courtesy:**☐ Excellent ☐ Good ☐ Average ☐ Poor **2. Efficiency in Addressing Concerns:**☐ Excellent ☐ Good ☐ Average ☐ Poor **3. Product Knowledge of Representative:**☐ Excellent ☐ Good ☐ Average ☐ Poor **4. Timeliness of Resolution:**☐ Excellent ☐ Good ☐ Average ☐ Poor

**Additional Comments  
What did we do well? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
What can we improve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Customer Signature (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**