**Customer Service Evaluation questionnaire**

**General Information
Your Name (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Visit/Interaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Representative’s Name (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation Questions
Was the staff member polite and helpful?**☐ Yes ☐ No ☐ Neutral **Were your concerns resolved during the interaction?**☐ Yes ☐ No ☐ Partially

**Rating Specifics**

| **Criteria** | **Excellent** | **Good** | **Fair** | **Poor** |
| --- | --- | --- | --- | --- |
| **Speed of Service** | **☐** | **☐** | **☐** | **☐** |
| **Knowledge of Staff** | **☐** | **☐** | **☐** | **☐** |
| **Friendliness of Staff** | **☐** | **☐** | **☐** | **☐** |
| **Overall Satisfaction** | **☐** | **☐** | **☐** | **☐** |

**Suggestions or Additional Feedback
What did you enjoy most about our service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Areas for Improvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for your time and feedback!**