

# 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness of Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Suggestions or Additional Feedback

What did you enjoy most about our service? \_\_\_\_\_

Areas for Improvement: \_\_\_\_\_

Thank you for your time and feedback!