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