

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): _____