

# Customer Service Self Evaluation Form

## Personal Information

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

## Self-Assessment Criteria

Please rate your performance on a scale of 1–5 for the following:

Ability to Resolve Customer Complaints: \_\_\_\_\_

Proficiency in Handling Multiple Tasks: \_\_\_\_\_

Effective Communication: \_\_\_\_\_

Technical Knowledge: \_\_\_\_\_

Punctuality and Attendance: \_\_\_\_\_

## Achievements and Challenges

Key Achievements: \_\_\_\_\_

Major Challenges: \_\_\_\_\_

## Future Goals

Skills to Develop: \_\_\_\_\_

Resources Needed: \_\_\_\_\_

## Acknowledgment

I confirm that the information provided is accurate to the best of my knowledge.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_