

Product Satisfaction Survey Form

Customer Information

Full Name: _____

Email Address: _____

Phone Number: _____

Product Details

Product Name: _____

Purchase Date: _____

Satisfaction Ratings

1. How satisfied are you with the product quality?

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

2. How likely are you to recommend this product to others?

Very Likely Likely Neutral Unlikely Very Unlikely

Comments and Suggestions

What do you like most about the product? _____

What improvements would you suggest? _____

Consent

I consent to have my feedback used for product improvement.

Signature: _____

Date: _____