

Product Evaluation Form Template Word

Product Information

- Product Name: _____
- Model Number: _____
- Manufacturer: _____
- Date of Purchase: //____
- Department Using the Product: _____

Criteria	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Quality	<input type="checkbox"/>				
Functionality	<input type="checkbox"/>				
Durability	<input type="checkbox"/>				
Design	<input type="checkbox"/>				
Price	<input type="checkbox"/>				
Customer Support	<input type="checkbox"/>				

Final Comments:
