**Customer Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Contact Number(s):** |  |  |  |
| **Email Address:** |  | | |
| **Date of Visit/Purchase:** | (DD/MM/YYYY) | **Location/Branch (if applicable):** |  |

**Feedback Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **How would you rate your overall experience with us?** | Excellent | Very Good | Good |
| Fair | Poor |  |
| **Please rate the following aspects of our service:** | | | |
| **Quality of Products/Services:** | Excellent | Very Good | Good |
| Fair | Poor |  |
| **Customer Service:** | Excellent | Very Good | Good |
| Fair | Poor |  |
| **Cleanliness and Ambiance (if applicable):** | Excellent | Very Good | Good |
| Fair | Poor |  |
| **Value for Money:** | Excellent | Very Good | Good |
| Fair | Poor |  |

**How satisfied are you with the following?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Speed of Service:** | Very Satisfied | Satisfied | Neutral |
| Dissatisfied | Very Dissatisfied |  |
| **Knowledge and Helpfulness of Staff:** | Very Satisfied | Satisfied | Neutral |
| Dissatisfied | Very Dissatisfied |  |
| **Ease of Finding What You Need:** | Very Satisfied | Satisfied | Neutral |
| Dissatisfied | Very Dissatisfied |  |

**What did you like most about your experience?**

|  |
| --- |
|  |
|  |
|  |

**What could we improve?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
|  | | | | |
|  | | | | |
| **Would you recommend our services/products to others?** | Definitely | Probably | Not Sure |
| Probably Not | Definitely Not |  |

**Additional Comments/Suggestions:**

|  |
| --- |
|  |
|  |
|  |

**Contact Permission**

**Would you like us to contact you regarding your feedback?**

* Yes
* No

**Preferred Method of Contact:**

* Phone
* Email

**Thank you for your feedback! We value your input and strive to improve our services.**

**For Office Use Only**

|  |  |
| --- | --- |
| Received By: |  |
| Date Received: | (DD/MM/YYYY) |
| Action Taken: |  |