



CUSTOMER FEEDBACK FORM

We intend to serve you better. Please tell how we have served you.

Date:	Time:
Name:	
Gender: Male _____	Female _____
Age:	
Name of Company:	
Address:	
Tel. No.:	Email:
Person Transacted with:	
Service Requested:	

Customer Satisfaction Rating

5 - Outstanding 4 - Very Satisfactory 1 - Poor
 3 - Satisfactory 2 - Unsatisfactory

Please rate our services	5	4	3	2	1
1. Overall Satisfaction (Quality of Service)					
2. Response Time (Transaction)					
3. Service Outcome					
4. Service Provider's competence/skills (courteousness/helpfulness, fair treatment)					

Customer Feedback

Please check appropriate box

Compliment _____ Suggestions _____
 Complaint _____ Comments _____

Details of Incidents

Recommendations/Suggestions
