

# Credit Union Member Experience Evaluation Form

Thank you for taking the time to share your feedback. Your input helps us improve our services and better serve your financial needs. Please complete this form to print.

## 1. General Information

Member Name (Optional):

Member Number (Optional):

Date of Visit / Transaction:

Branch Location Visited (or Channel Used, e.g., Mobile, Online, Phone):

Primary Purpose of Your Visit (e.g., Deposit, Loan, Account Opening):

## 2. Member Experience Ratings

Please rate your experience for the following areas (e.g., Excellent, Good, Fair, Poor):

Friendliness and Professionalism of Representative:

Wait Time and Promptness of Service:

Knowledge and Expertise of the Representative:

Cleanliness and Appearance of the Branch Facility:

Overall Satisfaction with Your Experience:

## 3. Recommendations and Comments

Would you recommend our Credit Union to family, friends, or colleagues? (Yes / No / Unsure):

What did we do exceptionally well during your visit?

What can we do to improve your experience in the future?

If you would like a manager to contact you, please provide your phone number or email address:

Thank you for your valuable feedback. Please hand this form to a credit union employee or mail it back to us.