

# Customer Experience Feedback Sheet

Thank you for visiting us. Please take a moment to fill out this feedback sheet. Your responses help us improve our services and provide a better experience.

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## 1. Customer Information

Full Name:

Date of Visit:

Email Address:

Phone Number:

Transaction / Order Number:

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## 2. Rate Your Experience

Please rate the following aspects of your experience on a scale of 1 to 5 (1 = Poor, 5 = Excellent):

Staff Friendliness and Helpfulness (1-5):

Speed of Service (1-5):

Product or Service Quality (1-5):

Cleanliness of the Facility (1-5):

Overall Satisfaction (1-5):

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## 3. Your Feedback

What did you enjoy most about your experience?

What areas do you feel we could improve upon?

Would you recommend us to family and friends? (Yes / No):

Any additional comments or suggestions:

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*Thank you for your valuable feedback! Please hand this completed sheet to our staff.*