

# Retail Customer Service Evaluation Form

Please complete this evaluation form to help us improve our customer service. This printed copy can be submitted to the store manager or service desk.

## General Information

Date of Visit:

Time of Visit:

Store Location / Branch:

Associate Name (if known):

## Customer Service Evaluation

Please rate the following aspects of your experience on a scale from 1 (Poor) to 5 (Excellent) by writing the score in the box, or write "N/A" if not applicable.

1. Associate Friendliness and Greeting:

2. Associate Helpfulness and Attentiveness:

3. Associate Product Knowledge:

4. Speed and Efficiency of Checkout:

5. Cleanliness and Organization of the Store:

6. Overall Satisfaction with Your Visit:

## Comments and Feedback

What did the associate do particularly well?

In what areas could the service be improved?

Additional Comments / Suggestions:

## Optional Contact Information

If you would like a manager to contact you regarding your experience, please provide your details below.

Your Name:

Phone Number:

Email Address: