

Customer Service Feedback Form

Thank you for taking the time to provide your feedback. Your input helps us improve our customer service quality. Please fill out this form and return it to the reception desk or mail it to our office.

Customer & Service Information

Customer Name:

Date of Service:

Representative Name:

Phone Number:

Email Address:

Service Evaluation

Please rate the following aspects of your experience using a scale of 1 to 5 (1 = Poor, 2 = Fair, 3 = Average, 4 = Good, 5 = Excellent).

1. Friendliness and politeness of the staff:
 2. Knowledge and professionalism of the representative:
 3. Speed and efficiency of the service:
 4. Overall satisfaction with the resolution of your inquiry:
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Additional Comments and Suggestions

Please share any specific details about your experience, or ideas on how we can improve our service.

For Office Use Only

Received By: Date Received:

Action Taken: