

Delivery and Logistics Feedback Form

Please fill out this form to help us improve our delivery and logistics services. This template is designed for physical printing and manual completion.

1. Customer and Shipment Information

Customer Name:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Tracking / Order Number:	<input type="text"/>
Date of Delivery:	<input type="text" value="DD/MM/YYYY"/>
Delivery Address:	<input type="text"/>

2. Delivery Performance Rating

Please rate your experience for each item below (Write a score from 1 to 5, where 1 is Poor and 5 is Excellent):

Evaluation Metric	Score (1 - 5)
Promptness and speed of delivery:	<input type="text"/>
Condition of the package upon arrival (no damage):	<input type="text"/>
Accuracy of the delivered items (correct order):	<input type="text"/>
Courier professionalism and politeness:	<input type="text"/>
Delivery updates and tracking notification quality:	<input type="text"/>

3. Additional Feedback and Comments

Please write your comments in the fields below:

Name of Courier/Driver (if known):	<input type="text"/>
Did you experience any delays or issues? (Please specify):	<input type="text"/>
Suggestions for improving our logistics service:	<input type="text"/>

4. Administrative / Internal Use Only

Form Received By:	<input type="text"/>	Date Received:	<input type="text" value="DD/MM/YYYY"/>
Action Required (Yes/No):	<input type="text"/>	Resolution Details:	<input type="text"/>