[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Customer Feedback Form

Thank you for telling us about your recent experience. Your answers help us improve. You may leave the contact section blank if you prefer not to be contacted.

Please complete this form and return it to [Return address or email address for completed forms] by [Return deadline for this feedback form].

About your experience

Your name (optional)	[Customer full name]
Date of your experience	[Date of the experience being reviewed]
Type of interaction	[Type of interaction: visit, call, delivery, or appointment]
Name of the team member who helped you (if known)	[Full name of the team member who helped you]

Please rate each area

Tick one box in each row: 1 means very poor and 5 means excellent.

Area	1	2	3	4	5
Speed of service					
Courtesy and professionalism					
Clarity of communication					
How well your issue was resolved					
Overall experience					

Tell us more

What did we do well?

_____

_____

_____

What could we do better next time?

_____

_____

_____

Is there anything else you would like us to know?

_____

_____

_____

May we contact you about your feedback?

Tick one box in the row below, then complete the contact details only if you tick yes.

Yes, you may contact me	No, please do not contact me	Preferred contact method

[Company name]

Contact name	[Customer full name]
Contact email address	[Customer email address]
Contact telephone number	[Customer telephone number]

Thank you for your feedback. We review every form received and use the results to improve our service.