[Company name]

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Pest control customer feedback form

A short form that gets honest answers - trade-specific questions, not generic ones.

Customer	[Name]
Job reference	[Job ref]
Date of work	[Date]

Your experience

Question	Answer / rating
Has pest activity reduced since treatment?	
Was the treatment process clearly explained?	
Was a follow-up visit arranged if needed?	
How would you rate the overall service? (1–5)	
Would you use us again or recommend us?	

Comments

[Anything else you would like to tell us]

Contact (optional)

Phone	[Phone]
Email	[Email]