

Customer Service Feedback Form



Thank you for visiting "your company name" We value all of our customers and strive to meet everyone's needs.

Customer Name & Address	
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Please tell us the date and location of your visit:

Date:

Location:

1. Were you satisfied with the customer service we provided you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

2. Was our customer service provided to you in an accessible manner?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

3. Did you experience any problems accessing our goods and services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

Contact Information

Human Resources

Phone Number: