

Customer Feedback Form



Dear Valued Customer,

Thank you for choosing 'Your business name'. It is our great pleasure to provide you the best quality of service always. Your assistance in completing this form is greatly appreciated. Your honest feedback will help us to serve you better and enable us to work on improving our service standards. Thank you.

Customer Name:

Address:

Destination:

Account:

	Excellent	Good	Fair	Poor
1. Supervisor's management and assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Crew's Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How would you rate the quality of our product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff's professionalism and aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Completion of job without breakage/damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Neatness & Clearance of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was the job done accurately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How will you rate our overall quality of our packing and moving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How would you like to recommend us to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your comments:

Signature

Date: