

# Customer Satisfaction Survey

## Basic Information

Name (Optional):

Email (Optional):

Date:

## Survey Questions

How satisfied are you with our product/service?

☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied

How likely are you to recommend us to others?

☐ Definitely ☐ Probably ☐ Not Sure ☐ Probably Not ☐ Definitely Not

What can we improve?

Additional Comments: