

Customer Interaction Assessment Form

Assessor Name

Date

Customer Name

Interaction Type

Select

Reference/Call ID (optional)

Criteria	Score	Comments
Greeting / Introduction	<div></div>	<div></div>
Understanding Customer Needs	<div></div>	<div></div>
Solution Provided	<div></div>	<div></div>
Communication Skills	<div></div>	<div></div>
Professionalism	<div></div>	<div></div>

Overall Comments

Action Items / Recommendations

