

Customer Service Evaluation Form

Customer Information

Name (optional)

Email (optional)

Service Details

Date of Service

MM/DD/YYYY

Staff Name (if known)

Evaluation

1. How would you rate the overall quality of the customer service you received?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor

2. Was your issue resolved promptly?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

3. How satisfied are you with the professionalism of the staff?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Dissatisfied

4. Any additional comments or suggestions?

Your feedback...