

# 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...