|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | [MM/DD/YYYY] | **Customer Name:** | [Name] |
| **Contact Information:** | [Your Email] | **[Phone Number]** | [Address] |
| **Product/Service Purchased:** | [Specify Product/Service] | **Date of Purchase:** | [MM/DD/YYYY] |
| **Order/Invoice Number** | (if applicable): [#] |  |  |

Overall Satisfaction

How satisfied are you with our product/service? (Please circle your response)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |

How would you rate your overall experience with our company? (Please circle your response)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Excellent | Good | Average | Poor | Very Poor |

Product/Service Quality

How satisfied are you with the quality of the product/service? (Please circle your response)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |

Did the product/service meet your expectations? (Please circle your response)

|  |  |  |
| --- | --- | --- |
| Exceeded Expectations | Met Expectations | Fell Short of Expectations |

What aspects of the product/service did you find most valuable?

|  |
| --- |
| [Your Response] |

What areas could be improved?

|  |
| --- |
| [Your Response] |

Customer Service

How satisfied are you with the level of customer service you received? (Please circle your response)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |

Was our staff helpful and knowledgeable? (Please circle your response)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Extremely Helpful | Very Helpful | Somewhat Helpful | Not Helpful | Not Applicable |

How responsive were we to your questions or concerns?   
(Please circle your response)

|  |  |  |  |
| --- | --- | --- | --- |
| Extremely Responsive | Very Responsive | Somewhat Responsive | Not Responsive |

Delivery & Timeliness

How satisfied are you with the delivery time of the product/service? (Please circle your response)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |

Was the product/service delivered on time? (Please circle your response)

|  |  |
| --- | --- |
| Yes. | No. |

How would you rate the condition of the product upon delivery?   
(Please circle your response)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Excellent | Good | Average | Poor | Very Poor |

Pricing & Value

How would you rate the value for money of the product/service?  
(Please circle your response)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Excellent | Good | Average | Poor | Very Poor |

Do you believe the product/service was priced appropriately? (Please circle your response)

|  |  |
| --- | --- |
| Yes. | No. |

How likely are you to purchase from us again? (Please circle your response)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Likely | Likely | Neutral | Unlikely | Very Unlikely |

Recommendations & Comments

Would you recommend our product/service to others? (Please circle your response)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Definitely | Probably | Not Sure | Probably Not | Definitely Not |

Any additional comments or suggestions? [Your Response]

|  |
| --- |
| [Your Response] |

Follow-Up (Optional)

Would you like us to contact you to discuss your feedback further?  
(Please check one)

|  |  |
| --- | --- |
| Yes. | No. |

Preferred Contact Method: (Please check one)

|  |  |  |
| --- | --- | --- |
| Email | Phone | Mail |

Thank you for taking the time to provide your feedback! Your input helps us improve our products and services.