

Dear valued customer, please take a moment to complete the following questionnaire. Your feedback is very important to us and ensures we are continually improving the quality of customer service and goods/services we provide our customers.

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Please Tick the Box that Applies:

	Very Good	Good	Average	Poor	Very Poor
How would you rate your overall customer experience?					
How would you rate the quality of our products/services?					
How would you rate the professionalism and helpfulness of our customer service team?					

Would You Recommend our Product/Services to Others?: **YES/NO**

What product/services characteristics do you like?:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What product/services characteristics do you not like?:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional comments or suggestions you have:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_