Feedback Form PDF

**[Your Organization's Name]**

**Personal Information:**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Feedback Questions:**

1. **Rate Your Experience:**
   * **☐ Excellent**
   * **☐ Good**
   * **☐ Average**
   * **☐ Poor**
2. **Service/Product Quality:**
   * **☐ Excellent**
   * **☐ Good**
   * **☐ Average**
   * **☐ Poor**
3. **Was the Service/Product Delivered on Time?**
   * **☐ Yes**
   * **☐ No**
4. **Would You Recommend Our Services/Products to Others?**
   * **☐ Yes**
   * **☐ No**
5. **Detailed Feedback:**

**Suggestions for Improvement:**

| **Category** | **Excellent** | **Good** | **Average** | **Poor** |
| --- | --- | --- | --- | --- |
| **Customer Service** | **☐** | **☐** | **☐** | **☐** |
| **Product Quality** | **☐** | **☐** | **☐** | **☐** |
| **Value for Money** | **☐** | **☐** | **☐** | **☐** |
| **Overall Experience** | **☐** | **☐** | **☐** | **☐** |

**Consent:**

* **☐ I consent to having my feedback published.**
* **☐ I would like to be contacted for follow-up.**