

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consent:

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