

Feedback Form Questions

[Company/Organization Name]

Personal Information:

- Name: _____
- Email Address: _____
- Phone Number: _____

Experience Rating:

1. Overall Experience:

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor

2. Service/Product Quality:

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor

3. Timeliness:

- Was the service/product delivered on time?
 - ☐ Yes
 - ☐ No

Detailed Questions:

4. Please rate the following aspects:

Aspect	Excellent	Good	Average	Poor
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.

What did you like most about our service/product?

- _____
- _____
- _____

6. What can we improve?

- _____
- _____
- _____

Additional Comments:

- _____
- _____

Thank you for your valuable feedback!