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# Feedback Form Template

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[Company/Organization Name]

## Personal Information:

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

## Feedback Section:

### 1. Overall Experience:

- How would you rate your overall experience?
  - ☐ Excellent
  - ☐ Good
  - ☐ Average
  - ☐ Poor

### 2. Service/Product Quality:

- How would you rate the quality of the service/product?
  - ☐ Excellent
  - ☐ Good
  - ☐ Average
  - ☐ Poor

### 3. Timeliness:

- Was the service/product delivered on time?
  - ☐ Yes

- ☐ No

**4. Satisfaction:**

- Are you satisfied with the outcome?
  - ☐ Very Satisfied
  - ☐ Satisfied
  - ☐ Neutral
  - ☐ Dissatisfied
  - ☐ Very Dissatisfied

**5. Comments and Suggestions:**

- Please provide any additional comments or suggestions:

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**Consent:**

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

Thank you for taking the time to provide your feedback. Your input is invaluable in helping us improve our services.