# Customer Satisfaction Survey

**1. Customer Information**

|  |  |
| --- | --- |
| **Field** | **Details** |
| Customer Name |  |
| Company Name (if any) |  |
| Date |  |
| Contact Email/Phone |  |

**2. Feedback Questions**

Please rate the following aspects on a scale of **1 (Very Dissatisfied)** to **5 (Very Satisfied):**

|  |  |  |
| --- | --- | --- |
| **Question** | **Rating (1-5)** | **Comments** |
| Quality of service | [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 |  |
| On-time delivery of products/services | [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 |  |
| Responsiveness to inquiries | [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 |  |
| Reliability and accuracy of services | [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 |  |
| Likelihood to recommend us to others | [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 |  |

**3. Additional Feedback**

* What do you like most about our services?
* What areas can we improve?
* Any other comments or suggestions?

**4. Follow-Up Option**

|  |
| --- |
| **Would you like us to contact you about your feedback?** |
| [ ] Yes [ ] No |

**Thank you for helping us improve our services.**