**CUSTOMER FEEDBACK FORM**

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| --- | --- |
| **Customer Business Name:** | Company A |
| **Customer Contact Name:** | Person A |
| **Customer Position Title:** | Title A |
| **Feedback Date:** | 26-04-25 |
| **Previous Feedback Date:** | 26-04-24 |
| **Person Obtaining Customer Feedback:** | Employee A |

**Customer feedback questions**

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| --- | --- | --- | --- | --- | --- |
|  | **Very Poor 1** | **Poor 2** | **Fair 3** | **Good 4** | **Very Good 5** |
| How do you rate the quality of our products? |  |  |  |  |  |
| How do you rate our ability to provide products/services on time? |  |  |  |  |  |
| How do you rate our technical support? |  |  |  |  |  |
| How do you rate our quoting and sales processes? |  |  |  |  |  |
| How do you rate the sales representative interactions? |  |  |  |  |  |

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| --- | --- | --- | --- |
| **Total Score:** | **25 /25** | **Average Score:** | **5** |

**General comments/opportunities for improvement**

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| Overall service was excellent. The quoting process was clear and efficient. There was a slight delay in the last delivery, but communication was proactive and appreciated. Suggest minor improvements to notification system for delivery updates. |