**CUSTOMER FEEDBACK FORM**

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

**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:** | **15/25** | **Average Score:** | **3** |

**General comments/opportunities for improvement**

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| Service was okay. The quoting process was kinda clear, but whatever. Delivery was late, which sucked, but at least they told me. They should really fix their delivery notification system though. |