

CUSTOMER FEEDBACK FORM - INSTALLATIONS

Please Give us a minute of your time to help us better serve your needs.

Customer Name:

Dan/Johnna Percekin LLC

Date :

28/11/2018

	Very Good	Good	Average	Poor	Very Poor
Was the work completed to your satisfaction?	<input checked="" type="checkbox"/>				
Was the work completed on time?		<input checked="" type="checkbox"/>			
Was the job site left clean and orderly?	<input checked="" type="checkbox"/>				
Were the installers profession and courteous?	<input checked="" type="checkbox"/>				
Was the Customer Service Representative courteous and helpful?		<input checked="" type="checkbox"/>			
Were the user instructions easy to understand?	<input checked="" type="checkbox"/>				
Were your questions answered to your satisfaction?	(Yes / No)				

How did you hear about us?

- Yellow Pages
- Rainbow Pages
- Through a friend
- Billboard
- E-mail campaign
- Other

<input checked="" type="checkbox"/>

Comments:

[Signature]
28/11/2018
 Customer's Signature