

CUSTOMER FEEDBACK FORM - INSTALLATIONS

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

Customer Name:

Chaushalya De Silva

Date

20/01/19

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

How did you hear about us?

Yellow Pages

Rainbow Pages

Through a friend

Billboard

E-mail campaign

Other

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

Comments:

Customer's Signature