

## Customer Experience Survey

Store Number 

When you visited:

Date Visited Time Full Name: Email: 

How would you rate your level of satisfaction with your visit?

- ☐ Satisfied  
☒ Neither Satisfied Nor Dissatisfied  
☐ Dissatisfied

Tell us about your experience:

Times visited last month:

☐ Please check the box if you would be willing to be contacted about your experiencePassword: