

# Customer Feedback Form

As part of our (ISO 9001-2015) Quality Management System, and our commitment to continuously improve the quality of our services and products. We would appreciate your comments and suggestions. Please take a few minutes to complete the short questionnaire below. We thank you for your time and input.

## CUSTOMER INFORMATION/DETAILS

Date: 07/05/2024

Company Name: fbwkb

Client Name: kjbfbkqb

Client Designation: kfbqkbfbkjbq

Telephone Number: 9823984232

Email Address: hqbfbkqb@gmail.com

## HOW SATISFIED ARE YOU WITH THE FOLLOWING

	Very Good	Good	Average	Poor
How would you rate our product in terms of Quality?		✓		
How would you rate our products and services based on your experience?	✓			
How would you rate our team on their ability to resolve your technical enquiries?		✓		
How would you rate our team's communication?			✓	
How would you rate our team's willingness to help?	✓			
How would you rate our company's delivery services in terms of product quality, punctuality and problem?		✓		
How would you rate your overall customer satisfaction?				

## PLEASE MARK THE APPROPRIATE ANSWER FOR EACH QUESTION

Why did you choose us as your service provider?

☒ Quality

☐ Trust

☐ Brand Name

☒ Previous Experience

☐ Word of mouth

What did you like best about our team/products/services?

☒ Customer Satisfaction

☐ Response Time

☐ Quality of product

☐ Customer Engagement

☐ Problem Resolution

Any other feedback you can give us would be beneficial

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