

Customer Satisfaction Survey

Survey ID: CS-001

Customer Name: _____

Date: _____

1. How satisfied are you with our service?

☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied

2. How likely are you to recommend us to others?

☐ Very Likely ☐ Likely ☐ Neutral ☐ Unlikely ☐ Very Unlikely

3. Additional comments: _____