

Customer Feedback Survey



Company						
Name of Respondent						
Email Address						
Date Order Completed		Poor			Very Good	
	Comments	1	2	3	4	5
How did you find the service you received?						
How would you rate the speed in which the service was delivered?						
How easy was it to contact the person you needed?						
How were your telephone queries handled?						
How likely are you to use our services again?						
Would you recommend us to other people?						
What can we do to improve our services?						

COMMENTS ON OUR SERVICE

**THIS PART IS FOR INTERNAL USE
AUDIT**

Manager	
Review Date	
Action	
Notes	

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