






<Product/Service> – Feedback

(To be filled in by customer)

Order Reference No.	Customer Name:

Feedback parameters for <product/service>:	Scale of Feedback				
					
	5★	4★	3★	2★	1★
About our team:					
▪ How proactively did the Customer Support address your concerns/queries?					
▪ How satisfied are you with the <service details>?					
▪ Did we do adequate to satisfy your need?					
▪ How did our service team perform?					
About the <Product/Services>:					
▪ How satisfied are you with the benefits you received through our <product/service>?					
▪ How satisfied are you with the overall results by using our <product/service>?					
▪ How satisfied are you with the after sales service?					
▪ Did the <product/service> result in the change you expected in your life/business?					
▪ How satisfied are you with the proving offered to you for our <product/service>?					
▪ Did our <product/service> add value to you?					

Please provide remarks for ratings below 3★:

If you were to give us three advices that would help us improve our <product/service> what would they be. Kindly express by answering the below questions:

What should we start doing?

What should we stop doing?

What should we continue doing?

Name of the Customer:	Signature:	Date: