# Customer Feedback Form

Thank you for visiting [Organization Name]. We value all our customers and strive to meet everyone’s needs.

Please tell us the date and location of your visit:

**Date: Location:**

1. **Were you satisfied with the customer service we provided you?**

| * Yes
 | * No
 | * Somewhat
 |
| --- | --- | --- |

Comments

|  |
| --- |

1. **Was our customer service provided to you in an accessible manner?**

| * Yes
 | * No
 | * Somewhat
 |
| --- | --- | --- |

Comments

|  |
| --- |

1. **Did you experience any problems accessing our goods and services?**

| * Yes
 | * No
 | * Somewhat
 |
| --- | --- | --- |

Comments

|  |
| --- |

Contact Information (optional)

Name: Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_