# 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

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| --- |

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

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

Comments

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

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

Comments

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Contact Information (optional)

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

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