



## Customer Feedback Form

Name of Customer: \_\_\_\_\_

Student Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Assisted by: \_\_\_\_\_

Reason for visiting/query: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you rate the service rendered?

Excellent  Very good  Satisfactory  Poor  Very poor

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you rate the Customer Service Consultant?

Excellent  Very good  Satisfactory  Poor  Very poor

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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