



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: _____
