

# Customer Satisfaction Survey

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Company name: \_\_\_\_\_

### Participant Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number (optional): \_\_\_\_\_

Please rate your level of satisfaction for each category by checking the appropriate box.

	<b>4</b> Highly satisfied	<b>3</b> Satisfied	<b>2</b> Unsatisfied	<b>1</b> Unacceptable
<b>Delivery Time</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Product Quality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Customer Support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Salesperson Product Knowledge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Product Value</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall Experience</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>