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| --- | --- |
| **ORGANIZATION NAME**  | **DATE** |
|  |  |

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| **OVERALL CUSTOMER EXPERIENCE** |
| ***Provide a rating by placing an "X" in the corresponding box.*** | **VERY GOOD** | **GOOD** | **POOR** | **VERY POOR** |
| **How satisfied were you with our services?** |  |  |  |  |
| **How satisfied were you with customer support?** |  |  |  |  |
| **How satisfied were you with the timeliness of delivery?** |  |  |  |  |
| **How satisfied were you with our responsiveness to your requests and queries?** |  |  |  |  |
| **How would you rate your overall customer experience?** |  |  |  |  |
| **Would you recommend our service to others? Circle your selection**  | **Yes** | **No** |
| **Please provide any additional comments or suggestions.** |