My Department Stores

Customer Satisfaction Survey

Customer Details						
Customer Name:			**Service Date:**			
Customer Satisfaction						
How satisfied are you with…		**5 Very High**	**4 High**	**3 Medium**	**2 Low**	**1 Very Low**
How quickly you were greeted						
How staff listened to your needs						
How staff explained different options to meet your needs						
The options for extra services (such as delivery or Afterpay)						
The quality of the products or services you received						
Total Score		**out of 25 (**		**%)**		
Customer Satisfaction						
Please give feedback about your experiences at the store and whether you would return or tell a friend about us.						