My Department Stores
Customer Service Feedback Form



Customer Service Feedback Form

Staff Details			
Staff Name:		**Feedback Date:**	
Customer Details			
Customer Name:		**Service Date:**	
Type of Service:	☐ Sales ☐ Service ☐ Booking ☐ Other _____		
Was a Complaint Made:	☐ Yes ☐ No		
Feedback Provided			
(Please add headings for each topic discussed with the customer)			