



Customer Feedback

Date:

Name(s) on the Account:

Email Address:

Contact Number:

Service	<input type="checkbox"/>	excellent	<input type="checkbox"/>	good	<input type="checkbox"/>	satisfactory	<input type="checkbox"/>	fair	<input type="checkbox"/>	poor
Professionalism	<input type="checkbox"/>	excellent	<input type="checkbox"/>	good	<input type="checkbox"/>	satisfactory	<input type="checkbox"/>	fair	<input type="checkbox"/>	poor
Value	<input type="checkbox"/>	excellent	<input type="checkbox"/>	good	<input type="checkbox"/>	satisfactory	<input type="checkbox"/>	fair	<input type="checkbox"/>	poor

comments:

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Thank you once again.