

SAMPLE CUSTOMER FEEDBACK FORMS

Sample 1 – Seat Management

Seat Management Technical Response Form

Technician: _____ Date: _____ Time In: _____ Time Out: _____

Ticket # _____ Customer Name _____ Location/Phone _____

We have done the following:
 Updated software Preventive Maintenance Solved Problem

Comment:

Work is complete. Work is incomplete. We will return on __/__/__ at __:__:

System was password protected. Parts are on order. User was not here. Please call _____ to reschedule.

Customer Signature _____ Technician Signature _____

Customer Satisfaction Survey

Name: _____ Phone No. _____

Ticket # _____

On a scale from 1 to 5, where 5 is COMPLETELY SATISFIED and 1 is COMPLETELY DISSATISFIED, please rate the service you received.

CATEGORY	Help Desk Call					Deskside Visit				
	5	4	3	2	1	5	4	3	2	1
Overall service you received at Help Desk										
Overall service you received Deskside										
Accuracy, completeness of technical information										
Product knowledge										
Courtesy and professionalism										
Availability of resources to complete service request										
Timeliness of response										
Satisfaction level regarding your service request										

Submit to (Name, location) as quickly as possible.