

Customer Service Feedback Form

Thank you for visiting Sunova Implement Ltd. We value all of our customers and strive to meet everyone's needs.

Please tell us the date of your visit:

Date: _____

1. Were you satisfied with the customer service we provided you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

2. Was our customer service provided to you in an accessible manner?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

3. Did you experience any problems accessing our goods and services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

Thank-you,
Management