

Customer Service Feedback Form

Thank you for visiting Guillevin International. We value all of our customers and strive to meet everyone's needs.

Please tell us the date and location of your visit:

Date: _____ Location: _____

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

Yes

No

Somewhat

Comments

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

Yes

No

Somewhat

Comments

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

Yes

No

Somewhat

Comments

Contact Information (optional)

Name: _____ Phone number: _____

Email: _____