Customer Satisfaction Survey Form

First name Brad		Date	2511	2/2023	
Last name Pitt		Phone 03	56341	29]
E-mail brad. Pitt 92@ hotmails com					
1. How would you rate our customer service in terms of :					
Expertise and Knowledge	Excellent 🗆 🛝	Very Good □	Good 🗹	Average	Poor 🛘
Reponse Time	Excellent 🗆 V	Very Good □	Good 🗆	Average	Poor 🗆
Resolution Time	Excellent 🗆 🔻 🔻	/ery Good □	Good 🔲	Average	Poor
Quality of Problem resolution	Excellent 🗆 V	ery Good □	Good 🔽	Average	Poor 🗖
Friendliness and Attitude	Excellent 🗆 V	Very Good □	Good 🗖	Average 🗹	Poor 🗆
Accuracy of Information Provided	Excellent 🗆 V	Very Good □	Good 🗖	Average 🗹	Poor 🗆
2. Which product / service were you contacting us for :					
Enrollment Mobile Complaint Other:					
Billing					
3. Over all how statisfied were you with the service provided?					
Very unhappy with the wait times at the store.					
4. Would you recommend our services to others?					
Probably not					
5. Are there any improvements or changes you would suggest for our product and/or service?					
Having more Stores attailable to make more convinient					
6. Were there any issues or problems you encountered with our product and/or service? If so, please describe.					
There was an issue with the mobile I purchased					
7. Did you make your pruchase online or instore? Please select the location of the store you visited. Online Instore Stores					
Brunswick Preston	Docklands				
St Albans 🗹 Bankstown 🗆	HighPoint	HighPoint D R A F T			
			0 0 0 0 0	00 000000	