Ashford Business Services Ltd

Auto repair garage customer feedback form

Date of work: _____

Vehicle reg: _____

Your experience

How was the quality of the work? (1–5):

_____

Was everything explained clearly? (1–5):

_____

Was the work completed on time? (1–5):

_____

Was the pricing transparent? (1–5): _____

How would you rate the overall experience? (1–5):

_____

Would you recommend us to others?: _____

Comments Anything else you would like to tell us

Contact (optional)

Phone: _____

Email: _____