Spotless Cleaning Services Ltd

Cleaning service customer feedback form

Date of clean: _____

Cleaner / team: _____

Your experience

How thorough was the clean? (1–5): _____

Were the cleaners punctual? (1–5): _____

Was care taken with your belongings? (1–5):

_____

How was communication (booking, changes)? (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: _____