[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Retail store customer feedback form

Date of visit: _____

Your experience

How was the range of products? (1–5): _____

How helpful were the staff? (1–5): _____

How were the queues at the till? (1–5): _____

Was the store clean and easy to navigate? (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: _____