



HOWARD MARTEN

Customer Service Feedback Form

Thank you for visiting HOWARD **MARTEN**! 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 you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
------------------------------	-----------------------------	-----------------------------------

Comments

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

Thank-you,

Management