



CUSTOMER FEEDBACK FORM

Dear Valued Customer. Your opinion matters to us. Therefore, DIM Foundation would like your feedback or any comments you may have that will help us further enhance our products and services. We value all of our customers and strive to meet everyone's expectations. Kindly fill in this feedback form and we will work towards meeting those expectations.

1 TYPE OF FEEDBACK

- Suggestion
- Compliment
- Complaint

2 CONTACT DETAILS

Name

Surname

E-Mail

3 OVERALL EXPERIENCE WITH OUR SERVICES

Were you satisfied with the customer service we provided you?

- Yes
- No
- Somewhat

Comments



How would you rate your overall experience with our service?

Very good Good Fair Poor Very poor

How would you rate our response to complaints/queries?

Very good Good Fair Poor Very poor

How satisfied are you with the customer support?

Very good Good Fair Poor Very poor

Would you recommend our product/service to other people?

Definitely Probably Not sure Probably not Definitely not

Were you satisfied with the outcome in regards to your problem or query?

Yes No

Comments

What should we change to live up to your expectations?

Signature

Date
