[Company name]

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Auto repair garage customer feedback form

Date of work	[Date]
Vehicle reg	[Reg no.]

Your experience

Question	Answer / rating
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	[Phone]
Email	[Email]