[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. Add or remove table rows to fit your needs. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Cleaning service customer feedback form

Date of clean	[Date]
Cleaner / team	[Name]

Your experience

Question	Answer / rating
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	[Phone]
Email	[Email]