[Company name]

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Retail store customer feedback form

Date of visit	[Date]

Your experience

Question	Answer / rating
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	[Phone]
Email	[Email]