

Customer Satisfaction Survey

Store Information

Store Location

Date of Visit

YYYY-MM-DD

Your Experience

How satisfied were you with the cleanliness of the store?

- 1
- 2
- 3
- 4
- 5

How would you rate the staff's helpfulness?

- 1
- 2
- 3
- 4
- 5

How satisfied were you with the product availability?

- 1
- 2
- 3
- 4
- 5

How satisfied were you with the checkout process?

- 1
- 2
- 3
- 4
- 5

Additional Comments

Please share any suggestions or comments:

About You (Optional)

Name

Email