

Customer Satisfaction Survey

Name (optional)

Email (optional)

Date of Visit

YYYY-MM-DD

How satisfied were you with your overall experience?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

How would you rate the following?

Store Cleanliness

Select

Staff Helpfulness

Select

Product Availability

Select

Checkout Experience

Select

What products did you purchase? (Select all that apply)

- Apparel
- Footwear
- Accessories
- Home Goods
- Other

How can we improve your experience?

Additional Comments

