PORT SUNLIGHT VILLAGE TRUST **CUSTOMER SERVICE FEEDBACK FORM**



	First	Name						
	Surn	ame						
	Addr	ess						
	Teler	phone						
	Mobi	le						
	Emai	il						
	Prefe	erred Method of Contact						
1.		of visit/contact:						
		Talanhana						
	a.	·						
		Email / Fax						
	C.	Letter						
	d.	Face to face with a member o	f our team					
	e.	Visited one of our offices						
	f.	Visited Shop / Museum						
	g.	Visited Tea Room						
2.	If you	visited us or spoke to a member	r of staff withi	n the village, d	id they have on their ID badge?			
		YES NO [NOT SURE				
3.	How satisfied or dissatisfied were you with the service you received?							
	a.	Very Satisfied						
	b.	Satisfied						
	c.	Neutral						
	d.	Dissatisfied						
	e.	Very dissatisfied						

4.	On a scale of 1 – 10 (1 being not very knowledgeable and 10 being extremely knowledgeable) how knowledgeable were our staff?											
		1	2	3	4	5	6	7	8	9	10	
5.	On a scale of $1-10$ (1 being not very helpful and 10 being extremely helpful) how helpful were our staff?											
		1	2	3	4	5	6	7	8	9	10	
6. Overall, how would you rate the quality of your customer service experience?										ence?		
	a.	Very F	Positive	;								
	b.	Positiv	/e									
	C.	Neutra	al									
	d.	Negat	ive									
	e.	Very N	Negativ	е								
7.	Additic	onal Co	mment	s								
	Please	return	this fo	rm to:								
	Port Sunlight Village Trust, 23 King George's Drive, Port Sunlight, Wirral, CH62 5DX feedback@portsunlightvillage.com											

Thank You!