



Date:

Customer Feedback Record

Customer Name: _____

Contact Details: _____

Did Royal Woodworking Co. Limited:

Meet Customer Needs: _____ Yes _____ No

Provide Accessible Service: _____ Yes _____ No

Access to Goods & Services: _____ Yes _____ No

Additional Details:

Actions Taken:

Did The Customer Receive a Follow Up?

Yes _____ No _____ Date: _____