Poll Maker COMMENT CARD

We would love your feedback

Date: _____ Location: _____ Tick one box per scale.

1 Overall, how satisfied are you with us? *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Very dissatisfied Very satisfied

2 How easy was it to get what you needed? *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Very difficult Very easy

3 What is your feedback about?

◯ A product ◯ Service or support ◯ Our website or app ◯ Prices or billing ◯ Something else

4 What would you like to tell us? *

5 Email, if you would like a reply

* required Online version: poll-maker.com/feedback-form-template

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