Retail Store Product Quality Feedback Form

| Name |
|---|
| |
| Email |
| |
| Product Purchased |
| |
| Date of Purchase |
| |
| |
| How would you rate the quality of the product? © Excellent |
| © Good |
| C Average C Poor |
| Did you notice any defects? |
| O No |
| C Yes |
| Overall Satisfaction |
| |
| Additional Comments |
| |
| |