Mobile App Beta Tester Feedback Form

| Name | |
|--|--|
| | |
| Email | |
| Device Model | |
| | |
| Operating System & Version | |
| How long have you used the app? | |
| Which features did you try? | |
| | |
| Did you experience any bugs or issues? | |
| Feedback on usability and design | |
| Suggestions for improvement | |
| | |