

Customer Service Call Communication Assessment

Agent Name:

Date of Assessment:

Call Reference/ID:

Checklist

Criteria	Yes	No	Comments
Greeting and introduction	<input type="radio"/>	<input type="radio"/>	<div></div>
Active listening	<input type="radio"/>	<input type="radio"/>	<div></div>
Clear communication	<input type="radio"/>	<input type="radio"/>	<div></div>
Product/Service knowledge	<input type="radio"/>	<input type="radio"/>	<div></div>
Resolution provided	<input type="radio"/>	<input type="radio"/>	<div></div>
Polite and professional behavior	<input type="radio"/>	<input type="radio"/>	<div></div>
Closing and thank you	<input type="radio"/>	<input type="radio"/>	<div></div>

Strengths Noted:

Areas for Improvement:

Additional Notes:

Assessor Name: