

Auto Body Shop Post-Service Review

Name

Email

Vehicle Make/Model

Date of Service

How satisfied are you with the repair quality?

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

How satisfied are you with our customer service?

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Was the repair completed on time?

What services did we provide? (check all that apply)

☐ Paint

☐ Dent Repair

☐ Frame Straightening

☐ Glass Replacement

☐ Detailing

☐ Other

Additional comments or feedback

