

Landline Repair Service Evaluation Form

Customer Name

Contact Number

Address

Ticket/Reference No.

Date of Service

Technician Name

Service Evaluation

Response Time

☐

1

☐

2

☐

3

☐

4

☐

5

Problem Resolution

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1

☐

2

☐

3

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4

☐

5

Technician Professionalism

☐

1

☐

2

☐

3

☐

4

☐

5

Courtesy

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Comments & Suggestions