

Beta Testing Feedback Form

Name

Email

Company (if applicable)

Role

How frequently did you use the product?

How would you rate your overall experience?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

What did you like most?

What did you like least?

Did you encounter any bugs or issues?

What features would you like to see added?

Other comments or suggestions