

IT Issue Resolution Feedback Form

Your Name

Your Email

Issue Title

Issue Description

Resolved By (Technician Name)

Overall Satisfaction

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Timeliness of Resolution

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Communication Clarity

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Additional Comments