

Call Center Service Quality Control Inspection Form

Inspector Name

Date

Agent Name

Call ID

Criteria	Score	Comments
Greeting / Introduction	<input type="text"/>	<input type="text"/>
Verification Process	<input type="text"/>	<input type="text"/>
Product Knowledge	<input type="text"/>	<input type="text"/>
Communication Skills	<input type="text"/>	<input type="text"/>
Resolution Provided	<input type="text"/>	<input type="text"/>
Call Closing	<input type="text"/>	<input type="text"/>

Overall Comments

Overall Score

Action Plan / Recommendation

