

CUSTOMER FEEDBACK FORM

1. CUSTOMER'S DETAILS

First Name/s _____ Surname _____

Cell Phone Number/s _____ Email Address _____

2. CUSTOMER FEEDBACK

i) Kindly select which of the departments within Econet Insurance you have interacted with in the last 12 months

Call Centre (311) _____ Econet Service Centre/ Shop _____

Sales Agent _____ Reception _____

Underwriting Department _____ Claims Department _____

ii) In terms of customer service how do you rate our staff member who attended to you?

	Poor	Good	Excellent
Professionalism			
Attitude			
Attentiveness			
Efficiency			
Presentation			
Overall experience			

iii) Basing on your overall experience in the handling your claim would you likely recommend us to your family and friends?

Yes _____ No _____

iv) Please explain your response above

v) On a scale of 1 to 5 how do you rate or products in relation to your needs

1	2	3	4	5

vi) Please state things we need to address to improve our service and meet your expectation?
