

## Service Feedback Form

**Overall, how would you rate the service you received from Assured Cleaning Services?**

Excellent      Good      Average      Below Average      Poor

**How was the service from our office staff inc sales and management team?**

Excellent      Good      Average      Below Average      Poor

**How was the attitude of your cleaning team?**

Excellent      Good      Average      Below Average      Poor

**Would you recommend our service to your friends and family?**

Yes/No

**What type of service did you use?**

Regular/One Off/Other

**Please add any comments that may be helpful.**

**Please enter the following details**

Name \_\_\_\_\_

Email Address or Phone number \_\_\_\_\_

Date of Clean \_\_\_\_\_