

## CUSTOMER FEEDBACK

Customer Name : \_\_\_\_\_ Date : \_\_\_\_\_

Driver Name.: \_\_\_\_\_ Phone: \_\_\_\_\_

We appreciate your invaluable feedback which helps us grow and further refine our experience to deliver the best value and expert service on every delivery.

	Excellent	Good	Fair	Poor
How would you rate our service, in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate our promptness to resolve service questions or concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate our courtesy level and professionalism both in person and over the phone? ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the speed of our services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate overall experience of driver performance on your account or last delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and suggestions: \_\_\_\_\_

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### Contact Information

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# THANK YOU