Klarstig

Insurance Customer Satisfaction Survey

FICTIONAL EXAMPLE FOR ILLUSTRATION. NAMES, ADDRESSES AND NUMBERS ARE INVENTED.

Tell us how you experienced the service or activity. Your ratings and comments help identify what is working and what needs attention.

Contact and reference

Organization using this document

Maple Street Community Center

Your name or contact reference

Optional. Leave blank if you do not want to identify yourself in this local draft.

Alex Rivera

Email for a reply if needed

alex.rivera@example.com

Information for this document

Service activity or period being rated *

November 14, 2026

Overall satisfaction *

Satisfied

Clarity of information *

Unclear

Ease of completing what you needed *

Very difficult

Would you recommend this experience *

Yes

Most useful improvement

Check-in was quick and the staff were friendly. Clearer signs to the parking area would help.

What should stay the same

(Free-text answer - not filled in for this example)

Specific details

Service stage or purchase being reviewed

Complete when relevant to this request.

Operations

Whether the outcome met your expectations and why

Replaced the faulty door latch on 14 November; next review of the entrance checklist is due 1 December.

Operating context

Policy service or case reference

Complete when relevant to this request.

Operations

Relevant dates evidence and authorized review contact

Photos of the entrance (3), the November sign-in sheets and the maintenance ticket MT-2026-0142.

Limitations and what needs setup

- Submitting the form records the answers in your workspace. It does not approve, schedule, charge or reply on its own unless you add that step to the workflow.
- Email notifications, approval routing, document generation and connections to other systems are available but not switched on until you configure them.

Want help tailoring this form? Free, Starter and Pro include five personal setup sessions, up to 30 minutes each, per new organization.

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