

MALVERN

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GLENUNGA

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What can we do better?

Thanks for downloading this form and please be honest with your feedback so that we are able to improve on what we do.

OUR STORES

Which store did you shop in and when?
(please circle) • Glenunga • Malvern
• Mon • Tues • Wed • Thurs • Fri • Sat • Sun

What made you come into our store, eg. sale items, general maintenance, garden related?

STOCK

Did you find what you were after?
• YES • NO
If not, what were you after?

Were you happy with the product range?
• YES • NO
If not, please give us some ideas:

SERVICE

How long were you in the store until you received service? _____ mins
Were you happy with the level of service that you received? • YES • NO
If not, please give details:

How would you rate the product knowledge level by the sale person? (1-5: 1=excellent, 5=poor) _____

Were you happy with the product knowledge of the salesperson?
• YES • NO
If not, please give details

CASHIER

How did we rate? (1-5: 1=excellent, 5=poor) _____
If poor, please give details:

STORE LAYOUT / APPEARANCE

Do you find the store comfortable to move around in?
• YES • NO
If not, please give details:

How do you rate the tidiness of the store?
(1-5: 1=excellent, 5=poor) _____
If poor, please give details:

PRICE

Did you feel the price paid was reasonable?
• YES • NO

Finally, if you have any further comments on what we can could do to improve your total shopping experience with us please include them here:
Thank you again for taking the time to fill in this questionnaire. We can only improve with your feedback.