



**Customer Feedback**

Service: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Technician: \_\_\_\_\_

Please circle the number that best corresponds,  
1 = Not impressed, 5 = Average, 10 = Excellent

Over all atmosphere of Time Out Beauty Retreat:

1	2	3	4	5	6	7	8	9	10
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Over all cleanness of Time Out Beauty Retreat:

1	2	3	4	5	6	7	8	9	10
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Over all satisfaction of my visit to Time Out Beauty Retreat:

1	2	3	4	5	6	7	8	9	10
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Satisfaction of the service received:

1	2	3	4	5	6	7	8	9	10
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Impression of Technician:

1	2	3	4	5	6	7	8	9	10
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Impression of other staff members:

1	2	3	4	5	6	7	8	9	10
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Customer Service level I received:

1	2	3	4	5	6	7	8	9	10
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Is there any way we could have made your visit even better?

\_\_\_\_\_  
\_\_\_\_\_

Thank You  
For taking the time to fill this survey out