



Customer Service Feedback Form

Hello there!

We would appreciate it if you took a moment to let us know how you feel about the quality of our services and how we can improve your experience at DTB.

Would you like to share your contact details with us? (Optional)

Branch: _____ Date: _____
 Name: _____ Mobile No.: _____ Email: _____

1. What brings you to the branch today?

2. How would you rate your overall experience at the branch?

Very satisfactory	Satisfactory	Neutral	Dissatisfactory	Extremely dissatisfactory
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. a.) What Products / Services do you use at DTB? (You can tick more than one)

Bank account	<input type="radio"/>	Debit Card	<input type="radio"/>	Credit Card	<input type="radio"/>	Loan	<input type="radio"/>	Fixed Deposit	<input type="radio"/>
Mobile Banking	<input type="radio"/>	Online Banking	<input type="radio"/>	ATM	<input type="radio"/>	Agency	<input type="radio"/>	Other: _____	

b.) How can we improve any of the above to better suit your needs?

4. How likely are you to recommend DTB to a family member, friend or colleague?
 (0 – very unlikely, 10 – very likely)

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How do you raise a complaint at DTB? (You can tick more than one)

Branch	<input type="radio"/>	Contact Centre	<input type="radio"/>	Social Media	<input type="radio"/>	Relationship Manger	<input type="radio"/>
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6. What more would you like to see from DTB?

Thank you for choosing DTB and giving us an opportunity to serve you 😊