



YOUTH BEAUTY

We'd love your Feedback on what you think

We did Well : ☺

We could do Better : ☹

You feel we let you down: ☹

Please describe your experience with Youth Beauty

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Who was your contact at Youth Beauty?

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Please Rate Our Level of Customer Service

1      2      3      4      5      6      7      8      9      10

Do you feel happy with the outcome: Y / N

Please note detail:

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Would you recommend Youth Beauty as a supplier to other therapists and Salons? : Y / N

Please note detail:

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How did you hear about Youth Beauty?

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*Thank you for taking the time to complete this form. We are always eager to have your feedback on how we can provide you with the service you deserve*