HOMETOWN PHARMACY

_____
Store Location

Thank you for participating in our customer survey. We need your input to help improve our service. Please fold this paper, tape or staple it shut and return to:

HomeTown Pharmacy Support Office
PO Box 38
New Era, MI 49446

On a scale of 1 to 5 (5= Best) please rate your experience at our store

Store appearance	1	2	3	4	5
Assistance from the staff	1	2	3	4	5
Friendliness of the staff	1	2	3	4	5
Product availability and selection	1	2	3	4	5
Prescription services	1	2	3	4	5
Overall store performance	1	2	3	4	5

Please feel free to provide additional details below

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If you would like someone to contact you on these issues please fill out the information below. This information is optional and will only be used for the purpose of this survey or to address any concerns you have.

Name _____
Address_____
City, State, Zip _____
Phone _____

Best time to call _____
Date of survey _____