

Telecom Service Quality Evaluation

Date: [Insert Date]

To:

[Recipient Name]

[Recipient Position]

[Company Name]

[Company Address]

Dear [Recipient Name],

We are conducting an evaluation of the service quality provided by your telecom services as part of our ongoing commitment to ensure customer satisfaction and service improvement. Your feedback is vital to us in identifying areas of strength and opportunities for enhancement.

Service Quality Evaluation Criteria

- Network Reliability
- Customer Support Responsiveness
- Service Coverage
- Pricing Competitiveness
- Overall Customer Experience

We kindly request you to fill out the attached questionnaire and return it by [Insert Deadline]. Your insights are invaluable in helping us assess the quality of services rendered.

Thank you for your cooperation and support.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]