

# Franchisee Satisfaction Assessment

Date: \_\_\_\_\_

Dear [Franchisee Name],

We value your feedback and are committed to ensuring your satisfaction as a franchisee. Please take a moment to complete the following assessment regarding your experience with our franchise system.

## Franchisee Satisfaction Assessment

1. How satisfied are you with the support provided by our corporate team?

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

2. How effective do you find our marketing materials and campaigns?

Very Effective Effective Neutral Ineffective Very Ineffective

3. How would you rate the quality of our products/services?

Excellent Good Average Below Average Poor

4. Please provide any additional comments or suggestions:

Thank you for your time and valuable feedback. Your insights will help us to continuously improve and support our franchise community.

Sincerely,

[Your Name]

[Your Title]

[Company Name]