

# BETA TESTING FEEDBACK FORM

Product Name: \_\_\_\_\_ Version: \_\_\_\_\_

**Tester Information:**

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (Optional): \_\_\_\_\_

**Test Environment:**

Operating System and Version: \_\_\_\_\_

Hardware Details (CPU, RAM, etc.): \_\_\_\_\_

Network Conditions: \_\_\_\_\_

**Test Duration:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Overall Experience:**

Excellent     Good     Average     Poor     Very Poor

**Detailed Feedback:**

Please describe your experience with the product, including any issues, suggestions, or comments:

**Bug Reporting:**

Bug ID / Reference	Description	Steps to Reproduce	Severity (Low/Med/High)

**Feature Requests:**

By submitting this feedback form, you acknowledge and agree that all information provided is accurate and truthful to the best of your knowledge. You grant the Company the right to use your feedback, suggestions, and bug reports for the purpose of improving the product and related services. You understand that your participation is voluntary and that the Company may use the provided data without any obligation or compensation to you. All feedback is subject to applicable United States laws, and this agreement is governed accordingly.

**TESTER'S SIGNATURE**

**DATE**

Signature: \_\_\_\_\_

\_\_\_\_\_

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