[Company Name / Logo]

Customer Journey Map

[DD/MM/YYYY]

|  |  |  |
| --- | --- | --- |
| **Purpose & Objectives:** | | |
| *Use the space below to explain why you are mapping out the customer journey. Is it for a specific department or event? Is it part of a broader organizational project? What are the main objectives?* | | |
| **Purpose** | **Objectives** | **Project Lead** |
| *2-3 sentence description. Give context and describe the reasoning behind this customer journey mapping exercise.* | * [Objective 1] * [Objective 2] * [Objective 3] | [Name of Project Lead]  [Department] |

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| **Customer Journey Map: [Name of Buyer Persona]** | | | | | |
| ***Part 1: Customer Perspective*** *- Using the table below, map out the customer’s journey from the awareness stage to the advocacy stage. Each stage should be evaluated based on the customer’s goals, expectations, activities, and touchpoints with your organization. Then make a note of how satisfied customers are at each stage of the experience.*  ***Part 2: Organization Perspective*** *- Next, evaluate the customer journey from the perspective of the business. Make a note of the business activities, departments, and technologies involved at each stage.* | | | | | |
|  | **Awareness 🡪** | **Consideration 🡪** | **Decision 🡪** | **Delivery / Use 🡪** | **Advocacy** |
| **Customer Perspective** | | | | | |
| **Customer Goals** |  |  |  |  |  |
| **Customer Expectations** |  |  |  |  |  |
| **Customer Activities** |  |  |  |  |  |
| **Touchpoints** |  |  |  |  |  |
| **Overall Customer Experience** | Very satisfied  Satisfied  Neutral  Dissatisfied  Very dissatisfied | Very satisfied  Satisfied  Neutral  Dissatisfied  Very dissatisfied | Very satisfied  Satisfied  Neutral  Dissatisfied  Very dissatisfied | Very satisfied  Satisfied  Neutral  Dissatisfied  Very dissatisfied | Very satisfied  Satisfied  Neutral  Dissatisfied  Very dissatisfied |
| **Business Perspective** | | | | | |
| **Business Activities** |  |  |  |  |  |
| **Responsible Departments** |  |  |  |  |  |
| **Technology Involved** |  |  |  |  |  |

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| **Notes:** |
| *Leave this space open for additional notes and thoughts that may arise as a part of this exercise.* |

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| **Action Items** | | | | |
| *What specific action items should be taken as a result of this exercise? Write them down in the space below.* | | | | |
| **Action Item** | **Priority** | **Associated Department** | **Project Lead** | **Follow-up** |
| [Task Name] | [Low / Medium / High] | [Department Name] | [Name] | [DD/MM/YYYY] |
| [Task Name] | [Low / Medium / High] | [Department Name] | [Name] | [DD/MM/YYYY] |
| [Task Name] | [Low / Medium / High] | [Department Name] | [Name] | [DD/MM/YYYY] |
| [Task Name] | [Low / Medium / High] | [Department Name] | [Name] | [DD/MM/YYYY] |
| [Task Name] | [Low / Medium / High] | [Department Name] | [Name] | [DD/MM/YYYY] |

Finalized Exercise On: [DD/MM/YYYY]

Document Approved On: [DD/MM/YYYY]

Signature/Initials (Project Lead) *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*