|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of survey:** | | | | | | | **Period of deliveries:** | | | | |
| Dear customer, as an ongoing commitment to provide quality product and service, COMPANY NAME would be grateful if you could spare a few minutes and give us your assessment of our product and service to you. Your valuable comments and suggestions would go a long way in helping us to improve our product and service quality to bring to you our best. | | | | | | | | | | | |
| **Customer Name**: | |  | | | | | | | | | |
| **Attn.:**  **Contact details:** | |  | | | | | | | | | |
| \*Please tick the appropriate (√ ) and sent it back on EMAIL: | | | | | | | | | | | |
| **Sr. No.** | **Elements to be rated** | | | | | | | **Rating Factor** | | | |
| **Excellent 8** | **Good 6** | **Average 3** | **Poor 1** |
|  | Our punctuality in attending and replying to your queries or to your request for quotations or any other documents. | | | | | | | X |  |  |  |
|  | Quality of our products delivered to you | | | | | | | x |  |  |  |
|  | Delivery commitments | | | | | | |  | x |  |  |
|  | Approach of our sales staff and access to them | | | | | | |  |  | X |  |
|  | Overall understanding and meeting requirements | | | | | | |  |  | X |  |
|  | Our customer complaint handling method | | | | | | |  |  |  | X |
|  | | | | | | | | | | | |
| **Comments/ Recommendations** | | | | | 16+6+6+1=29 : CSI = (29/48)\*100 | | | | | | |
|  | | | | | | | | | | | |
| **Authorized Sign & Company Seal** | | | | |  | | | | | | |
| **For Company Management only** | | | | | | | | | | | |
| Feedback received on | | | : |  | | | | | | | |
| Number of Average rated elements | | | : |  | | | | | | | |
| Number of Poor rated elements | | | : |  | | | | | | | |
| Customer Satisfaction Index (CSI) | | | : |  | | | | | | | |
| **Reviewed by:**  Name:  Position:  Reviewed On:  Signature | | | | | | Comments: | | | | | |