CUSTOMER SURVEY OR QUESTIONNAIRE (Optional)

|  |  |
| --- | --- |
| Website: | XXXX LLC/Ltd |
| Email: | …..Number ….Road/Street |
| Telephone: | …. Town/City |
| Fax: | …State or region |
| Primary Contact Name: | ….Country |
| Primary Contact Phone/Email: | ….Postcode[OR: ZIP CODE or Post-Index] |
| Secondary Contact Name: | Dd/MM/YYYY |
| Secondary Contact Phone/Email: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| To: ......................................... at .............................. Ltd  Dear Customer,  To enable us to improve our products or services to you, please take a couple of minutes to complete our customer satisfaction survey. Thank you in advance for your cooperation and participation. | | | | | |
| Please rate:  5= Excellent; 3= Satisfactory; 1=Poor | 5 | 4 | 3 | 2 | 1 |
| Support, assistance, telephone or email communication |  |  |  |  |  |
| Response time to enquiries |  |  |  |  |  |
| Documentation at tender or quotation stage |  |  |  |  |  |
| Delivery time quoted |  |  |  |  |  |
| Product manufactured to requirements |  |  |  |  |  |
| Adequate range of products and services |  |  |  |  |  |
| Delivery as promised |  |  |  |  |  |
| Packaging and protection on delivery |  |  |  |  |  |
| Documentation on delivery |  |  |  |  |  |
| Documentation: completeness, accuracy, clarity |  |  |  |  |  |
| Any queries, issues or problems handled in a professional and timely manner |  |  |  |  |  |
| Capability and knowledge of xxxx LLC/Ltd staff |  |  |  |  |  |
| Value for money |  |  |  |  |  |
| Overall satisfaction for meeting your expectations |  |  |  |  |  |
| If any of the above are rated 2 or 1, please provide details: | | | | | |
| Is there anything we could have done better: | | | | | |
| Or any other comments you would like to add: | | | | | |
| Could you advise us of any other organization that may be interested in our products or services: | | | | | |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed at xxxx LLC/Ltd by:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: If ANY score is less than 3 raise form 15a [or:15b]**