SURVEY

PERSONAL INFORMATION:

P L R SONAL INI	OKMATION
NAME:	DATE OF BIRTH: CIVIL STATUS DAY MONTH YEAR
GENDER: Male Female	Not Listed Prefer Not to Answer
Unit No. St. No. Street Town	/City/Suburb State Zip Code Country
ADDRESS:	
INSTRUC	TIONS:
Please answer these questions and sele	ct the answer that you believe is right.
QUESTIONS:	RATING SCALE:
	Never Rarely Sometimes Often Always
How satisfied are you with the FleetRewards system overall?	
How likely are you to recommend FleetRewards to other fleet operators?	
How easy was it to navigate the portal?	
How clear were the instructions for redeeming points on this portal?	
How satisfied were you with the rewards offered?	
How would you rate the quality of customer service?	
How satisfied are you with the process of redeeming rewards?	
How satisfied are you with the response time of the customer response team?	
Do you feel like you are informed about the latest rewards offered?	
Do you ever feel like there's room for improvement with this program?	