As part of our (ISO 9001-2015) Quality Management System, and our commitment to continuously improve the quality of our services and products. We would appreciate your comments and suggestions. Please take a few minutes to complete the short questionnaire below. We thank you for your time and input.

**CUSTOMER INFORMATION/DETAILS**

Date: {{date}}

Company Name: {{company}}

Client Designation: {{design}}

Client Name: {{client}}

Email Address: {{email}}

Telephone Number: {{phone}}

**HOW SATISFIED ARE YOU WITH THE FOLLOWING**

Very Good

Good

Average

Poor

{{a3}}

{{a1}}

{{a2}}

{{a4}}

How would you rate our product in terms of Quality?

{{b3}}

{{b1}}

{{b2}}

How would you rate our products and services based on your experience?

{{b4}}

{{g3}}

{{f3}}

{{e3}}

{{d3}}

{{c3}}

{{c1}}

{{c2}}

How would you rate your overall customer satisfaction?

How would you rate our company's delivery services in terms of product quality, punctuality and problem? resolution?

How would you rate our team's willingness to help?

How would you rate our team's communication?

How would you rate our team on their ability to resolve your technical enquiries?

{{c4}}

{{d1}}

{{d2}}

{{e2}}

{{f2}}

{{g2}}

{{d4}}

{{e1}}

{{e4}}

{{f1}}

{{f4}}

**PLEASE MARK THE APPROPRIATE ANSWER FOR EACH QUESTION**

{{g1}}

{{g4}}

Why did you choose us as your service provider?

( {{a}} ) Quality

( {{c}} ) Brand Name

( {{b}} ) Trust

( {{j}} ) Problem Resolution

( {{i}} ) Customer Engagement

( {{h}} ) Quality of product

( {{e}} ) Word of mouth

( {{d}} ) Previous Experience

( {{g}} ) Response Time

( {{f}} ) Customer Satisfaction

What did you like best about our team/products/services?

Any other feedback you can give us would be beneficial

{{feedback}}

Submit

Clear form