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| --- | --- | --- | --- |
|  | **CUSTOMER SATISFACTION SURVEY FORM** | Version No: | 1.0 |
| Issue Date: | 01-12-2020 |
| Reference No: | ALS-FMT-PR-MKT-004-001/V-001 |

Customer Name: ……………………………………………………………………………………

Address : …………………………………………………………………………………….

Telephone Nos. : …………………………………………………………………………………….

E -Mail IDs : …………………………………………………………………………………….

Contact Person: ……………………………………………………………………………………..

Services Availed: ………………………………………………………………………………….

Dear Customer,

To help us understand how well we are meeting your expectations, we would request you to fill this brief questionnaire. We thank you for your time.

**1. How important are each of these factors to you personally** (please tick one box for each item)**:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Unimportant**  **(0 – 39)** | **Important**  **(40 - 59)** | **Very important**  **(60 - 79)** | **Critical**  **(80 - 100)** |
| 1. Service quality |  |  |  |  |
| 2. Service charges |  |  |  |  |
| 3. Delivery lead time |  |  |  |  |
| 4. On-time delivery |  |  |  |  |
| 5. Reputation of laboratory |  |  |  |  |
| 6. Faster response to enquiries |  |  |  |  |
| 7. After-sales support |  |  |  |  |

**2. What was your experience with our sales personnel?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Poor**  **(0 – 39)** | **Average**  **(40-59)** | **Good**  **(60– 79)** | **Excellent**  **(80-100)** |
| 1. Service knowledge |  |  |  |  |
| 1. Helpful attitude |  |  |  |  |
| 1. Faster response to enquiries |  |  |  |  |
| 1. Competitive pricing |  |  |  |  |
| 1. Delivery performance |  |  |  |  |
| 1. After-sales support |  |  |  |  |

**3. What was your experience with the quality of our service?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Characteristics** | **Poor**  **(0 – 39)** | **Average**  **(40-59)** | **Good**  **(60– 79)** | **Excellent**  **(80-100)** |
| 1. Handling of items |  |  |  |  |
| 1. Labelling / marking |  |  |  |  |
| 1. Technical know-how |  |  |  |  |
| 1. Clarity of reports |  |  |  |  |
| 1. Packaging of items |  |  |  |  |
| 1. Transportation |  |  |  |  |

**4. How did you find our overall service quality in the last year compared to previous years?**

🞎 Declined 🞎 No change 🞎 Improved 🞎 Improved significantly

**5. Do you have any suggestion for improvement of our service?** (Please write in the box)

|  |
| --- |
|  |

Please sign and affix your company seal below and return the form at the earliest for our analysis.

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Customer’s Signature (with Date)