|  |  |  |
| --- | --- | --- |
|  | CLIENT SATISFACTION SURVEY FORM | |
| NAME OF COMPANY | **OPUS INTERNATIONAL (M) BERHAD** |
| PROJECT |  |
| PERIOD | TO |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Performance Area *(Please tick the appropriate answer)* | | **Poor** | | | | | | **Excellent** | | | | |  |
| **1** | **2** | **3** | **4** | **5** | **6** | | **7** | **8** | **9** | **10** | **N/A** |
| 1. | Provide practical solutions / Overcome the identified problems |  |  |  |  |  |  | |  |  |  |  |  |
| 2. | Understand the agreed scope of services and comply with the Client’s interest and expectation |  |  |  |  |  |  | |  |  |  |  |  |
| 3. | Assign appropriate skilled personnel to the job |  |  |  |  |  |  | |  |  |  |  |  |
| 4. | Our people having a good understanding of your business environment/ company’s strategic directions |  |  |  |  |  |  | |  |  |  |  |  |
| 5. | Quality of services |  |  |  |  |  |  | |  |  |  |  |  |
| 6. | Timeliness of services |  |  |  |  |  |  | |  |  |  |  |  |
| 7. | Keep you well-informed of progress |  |  |  |  |  |  | |  |  |  |  |  |
| 8. | Anticipating problems and taking pre-emptive actions |  |  |  |  |  |  | |  |  |  |  |  |
| 9. | Responsive to inquiries |  |  |  |  |  |  | |  |  |  |  |  |
| 10. | Trustworthiness |  |  |  |  |  |  | |  |  |  |  |  |
| **Future engagement/ Recommendation** *(Please tick the appropriate answer)* | |  |  |  |  |  |  | |  |  |  |  |  |
| 11. | Would you engage Opus again for your future projects? |  |  |  |  |  |  | |  |  |  |  |  |
|  | If your answer is 5 or less, why? | | | | | | | | | | | | |
| 12 | Would you recommend Opus to your business associates? |  |  |  |  |  |  | |  |  |  |  |  |
|  | If your answer is 5 or less, why? | | | | | | | | | | | | |
| **Please provide your observation, grievances or commendations** (suggestions on areas for improvement would be most welcome): | | | | | | | | | | | | | |
| **Details of Respondent** :  Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| *FOR PROJECT OFFICE USE - TO BE COMPLETED BY THE PROJECT TEAM* | | | | | | | | | | | | | |
| *Action Taken :*  *Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | | | | | | | |
| ***NOTE to PM: Kindly provide a copy of duly completed form to*** ***the Group Management Representative(GMR)*** | | | | | | | | | | | | | |