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## Client Satisfaction Survey

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### PROJECT INFORMATION

Project Manager: Start Date:

Project Name: Project No.:

Status: Active Inactive Completion:

Contract Value:

Project Description and Current Information:

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### CLIENT INFORMATION

Client Name: Repeat Client:

Client Contact: Telephone:

Contact E-mail:

Contact Address:

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### SUMMARY INFORMATION

Completed By: Date Completed:

Overall Rating: Follow-up Required: Yes No

## QUESTIONS & RESPONSES

1. How would you rate the quality of people assigned to the project?
2. How did we perform in meeting the project schedule and other time commitments?
3. How was the quality of the work; including the deliverables?
4. How well did we understand your overall project needs?
5. How well did we communicate? (written and verbal) with you throughout the project?
6. How well did we meet your expectations?
7. How willing would you be to recommend us internally and externally?
8. Do you feel that the fees you paid matched the value you received?
9. What can we do to improve our overall service?
10. What other services do you require that we are not providing?

## RATINGS

	Excellent	Good	Average	Fair	Poor
1. Quality of Staff					
2. Schedule Performance					
3. Quality of Deliverables					
4. Understanding of Needs					
5. Communications					
6. Expectations					
7. Willingness to Recommend					
8. Value Received					