

CUSTOMER SATISFACTION CHECKLIST

Company / Establishment	Project name
Contact Name	Telephone
Project address	

In order to assist us in ensuring we provide and continue to provide the best possible service for our clients, it would be appreciated if you could complete the following survey and return it to our offices. Thank you

Question	Excell-ent	Very Good	Good	Satis-factory	Poor	N / A	Comments
Initial Interpersonal Skills							
Understanding of Requirement							
Speed of Response							
Quality of Quotation							
Competitiveness (Pricing)							
Innovative Solution							
Onsite Staff – Behaviour							
- Knowledge							
- Attitude							
Soution - Properly delivered							
- Adequate packaging							
- Right Equipment							
- Installed on-time							
Areas Clean & Tidy							
Accuracy of Invoice							
Accuracy of Documentation							

To further assist us, we would appreciate it if you could complete the following and put any general comments or a testimony you would be happy for us to use on the next page.

Question	Yes	No	Comments
Would you use our services again?			
Would you reccomend our services?			
Are we on your approved supplier list?			
Are you willing to provide a Testimony?			

Completed By: _____ Date: _____

Position: _____

General Comments

Testimony