

# Customer Satisfaction

<b>Date of Feedback</b>	
-------------------------	--

1. Customer Details	
Contact Name:	
Address:	
Telephone:	Fax:

2. Satisfaction Assessment			
Satisfaction Level:	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Other
Areas of Concern:			
Areas for Improvement:			
Other:			

3. Additional Comments:	
Staff Member collecting information:	Date:

Quality Manager Comments:

**1. Quoting;** On a scale of 1-10, with 1 being high dissatisfied and 10 being highly satisfied, please provide feedback on the following -

• Length of time to receive a Quote	
• Pricing offered on your Quote	
• Quote presentation	
• Drawings provided for review with Quote	
• Other comments – <i>** Discuss Matt Blundell; technical ability &amp; approachability as sales rep</i>	

**2. Product;** On a scale of 1-10, with 1 being high dissatisfied and 10 being highly satisfied, please provide feedback on the following -

• Product design	
• Product overall finish	
• Product performance	
• Other comments – <i>** Discuss Peter Cho; technical ability and approachability since GV departure</i>	

**3. Order Process;** On a scale of 1-10, with 1 being high dissatisfied and 10 being highly satisfied, please provide feedback on the following -

• Response timeframe to order placed	
• Confirmation of order	
• Lead time frame; manufacture - delivery	
• Level of packaging; sufficient or insufficient	
• Documentation provided – Instruction Manual	
• Documentation provided – Load Chart	
• Other comments -	

**4. Technofast Industries - General**

• Are you satisfied with your product and services received from Technofast Ind?	
• Would you recommend Technofast Ind?	
• Feedback - any negative experiences	
• Feedback – suggestions for improvement	