



CUSTOMER SATISFACTION SURVEY

PART 1 For Completion by Customer

Name: _____
 Name of Company: _____
 Name of Person: _____
 Designation: _____
 Contact Number: _____
 Survey Stage: (Please Tick)

<input type="checkbox"/>	FAT	<input type="checkbox"/>	Installation / SAT	<input type="checkbox"/>	T & C	<input type="checkbox"/>	Completed	<input type="checkbox"/>	Warranty	<input type="checkbox"/>	Maintenance
--------------------------	-----	--------------------------	--------------------	--------------------------	-------	--------------------------	-----------	--------------------------	----------	--------------------------	-------------

Rating Scale: 1 = Poor 2 = Fair 3 = Satisfactory 4 = Good 5 = Excellent
 N/A = Not applicable

	Questionnaire	Satisfaction Level					N/A	Remarks
		1	2	3	4	5		
A	Quality							
1	Reliability, Durability & Workmanship							
2	Conform to specifications/ requirements							
3	Quality in comparison with other suppliers							
4	Value-added updates / features / functionalities							
B	Delivery & Installation							
5	Knowledge of the contract & products provided							
6	Delivery product & work on time							
7	Planning & Co-ordination of site activities							
8	Project Management Skills							
9	Workmanship/Quality of installation work							
10	Defects correction							
C	Technical Know-how							
11	Technical capability / competency of staff							
12	Ability to give expertise advice to customers							
E	Response							
15	Response to request / calls							
16	Service courtesy in handling customers							
17	Emergency technical support or delivery							
18	Securing replacement parts							
F	Overall Rating							
19	How would you rate our overall performance?							

Other comments (like major problems faced & what actions expected of us)

Future Contracts: Yes / No (If no, please state reasons)

Signature: _____

Date: _____