

D J STANIFORTH & CO

CUSTOMER SATISFACTION SURVEY

Your Name..... ROBERT & Lynn ~~XXXXXXXXXX~~

Your Address..... ~~XXXXXX~~ ~~XXXXXXXXXX~~ St.
Concord. 2137

Communication

n/a yes no

- 1. Did you find our Company easy to contact?
- 2. Was our office staff courteous at all times?
- 3. Were your enquiries properly addressed?
- 4. Was our response to your enquiry satisfactory?

Comments: Very quick service
for both sales call &
instalation

Sales Staff

- 5. Did our sales person attend to your appointment on time?
- 6. Did our sales person answer all your questions?
- 7. Was our sales person's product knowledge satisfactory? ..
- 8. Were the product brochure's adequate?

Comments:

.....

.....

Work Carried Out

- 9. Did the work carried out meet your requirements?
- 10. Was the work carried out in a professional manner?
- 11. Was our installation crew on time?
- 12. Was our installation crew courteous & well presented? ...
- 13. Did our installation staff leave your premises clean & tidy?

Comments: ~~Kent~~ Kent did a fantastic job. He went out of his way to rer the power under the floor in very confined space so there was no unsightly condit on the outside of the house. He ~~to~~ cleaned up as he went and didn't leave a scrap. We were very happy.

Satisfaction

n/a yes no

14. Was the work carried out to your satisfaction?

15. Would you recommend our company to other people? ...

16. Is there anything that you think we could do to improve our service?

Comments: *Just keep up the great work and continue to employ personable, thinking, great trades like Kent*

You repaired my Mother-in-Law's 20 odd year old system prior to this job and we were very impressed with the

Further Discussion

17. Would you like us to contact you to discuss your comments above or anything else? *service and staff, hence the repeat business.*
 No Yes

My Name is:

My Phone Number is:

My Email Address is:

Merry Christmas & a great prosperous New Year!
Thank you for taking the time to complete this survey.

Thanks Bob & Lynn.

Office use only (to be completed by the Quality Manager)

Date Sent to Client:.....		Date Received From Client:	
Follow up/actions required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow up/actions completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date follow up/actions completed	