



Customer Satisfaction Survey

Customer Name:	Organisation:	Order No.:	Date:

Products	N/A	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Overall, when placing the order, how satisfied were you with our product:						
Range [/choice]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options [/accessories]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability [/lead time]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, once receiving the products, how satisfied were you with our product:						
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please feel free to provide any additional feedback / comments regarding our products.						

Service and Support	N/A	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Overall, when placing the order, how satisfied were you with our service:						
Understanding & meeting your requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Properness in providing a quotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, after receiving your order, how satisfied were you with our customer support:						
Timeliness of any follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warranty support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please feel free to provide any additional feedback / comments regarding our service and support.						

Delivery (/Installation)	N/A	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Overall, when receiving your order, how satisfied were you with the order delivery (/installation):						
Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please feel free to provide any additional feedback / comments regarding our delivery (/ installation).						



Customer Satisfaction Survey

General

	N/A	Very Poor	Poor	Fair	Good	Very Good
How would you rate your overall experience with our organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	N/A	Definitely Not	Probably Not	Not Sure	Probably	Definitely
Would you recommend our products / service to colleagues or contacts within your industry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you buy our products and use service in the future?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
What should we change in order to live up to your expectations?		

What aspect of the product / service were you most satisfied by?

- Customer Service
- Purchase experience
- Price
- Delivery and Installation experience
- Quality
- Usage experience
- Other (Please specify...)