



QR 003 – Customer Satisfaction Survey

Client Name:		
Address:		
Phone/Fax Number:		
Contact Person:		
Date of Survey:		
Area	Evaluation (Check)	Comments
<u>Delivery Performance:</u> The client regards Bender Machine's delivery performance as:	<input type="checkbox"/> Exceptional – Above Standard <input type="checkbox"/> Acceptable – Standard <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unacceptable <input type="checkbox"/> N/A	
<u>Cost:</u> The client regards Bender Machine's cost as:	<input type="checkbox"/> Very Economical <input type="checkbox"/> Competitive with other venders <input type="checkbox"/> Excessive to other venders <input type="checkbox"/> N/A	
<u>Reporting:</u> When Bender Machine is required to submit reports (i.e. order confirmation) such reports are:	<input type="checkbox"/> As required and on time <input type="checkbox"/> As required, occasionally late <input type="checkbox"/> As required, consistently late <input type="checkbox"/> Not as required <input type="checkbox"/> N/A	
<u>Complaints:</u> When the client issues a complaint or reports an issue to Bender Machine:	<input type="checkbox"/> No complaints <input type="checkbox"/> Complaints without repeats <input type="checkbox"/> Complaints with repeats <input type="checkbox"/> Complaints unanswered	
<u>Responsibilities:</u> When the client contacts Bender Machine, for any reason, Bender Machine:	<input type="checkbox"/> Responds Immediately <input type="checkbox"/> Responds within acceptable time	

	<input type="checkbox"/> Responds Eventually <input type="checkbox"/> Does not respond <input type="checkbox"/> N/A	
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Additional Comments (Client)

**Sales
Coordinator:**

Date: