

## Customer Satisfaction form

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Name: \_\_\_\_\_

Company: \_\_\_\_\_

**1. How long have you been a customer towards our company?**

- Less than six months
- Six months to a year
- 1-2 years
- 3-5 years
- More than 5 years

**2. How well do our services meet your needs?**

Not at all well							Extremely well		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

**3. Which of the following words would you use to describe our services? Select all that apply.**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Reliable     | <input type="checkbox"/> High safety standard        |
| <input type="checkbox"/> High quality | <input type="checkbox"/> High environmental standard |
| <input type="checkbox"/> Overpriced   | <input type="checkbox"/> Poor safety standard        |
| <input type="checkbox"/> Poor quality | <input type="checkbox"/> Poor environmental standard |

**4. How would you rate the quality of our services?**

Low quality							High quality		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

**5. How would you rate our work with safety?**

Poor							Excellent		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

**6. How responsive have we been to your questions about our services?**

Low							High		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

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**7. How satisfied are you with the services we provide to you?**

Very dissatisfied					Very satisfied				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

**8. How likely are you to purchase our services again?**

- Extremely likely
- Very likely
- Somewhat likely
- Not so likely
- Not at all likely

**9. How likely is that you would recommend our company to a colleague?**

Not at all likely					Extremely Likely				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

**10. What can we improve or do better?**

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**11. Do you have any other comments, questions or concerns?**

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