

CUSTOMER FEEDBACK SURVEY FORM



Dear Valued Customer,

Thank you for using our services. Your satisfaction on our services rendered means a lot to us. In our continuous effort to serve you better, we would appreciate if you could spend more time to answer the following questionnaire.

Project Name	
Company Name	
Name of Client's Representative	
Designation	
Date	

S/N	Performance Evaluation	Excellent (5)	Good (4)	Average (3)	Poor (2)	Very Poor (1)
1	Design					
	- Design & Drafting works delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Technical Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Timely Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Operation					
	- Delivery / Completion on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Construction / Operation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Safety, Environmental & Health Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Response to Enquires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Overall Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Other Comments

Sign & Company Stamp

