

Customer Satisfaction Survey

Document No.

Rev. No. & Date.

Survey Date: _____ Customer Survey No. : _____

Customer Details

Company Name. : _____

Company Address: _____

Contact Details :

Tel. No.: _____

Contact Person: _____ & Mobile No.: _____ Land Line : _____

Email Address: _____

Ranking :	01	Very poor	02	Poor	03	Average	04	Above Average	05	Excellent
Ranking for Product										Ranking
1.										
2.										
3.										
Ranking for Process										Ranking
1.										
2.										
3.										
Ranking for Services										Ranking
1.										
2.										
3.										
Overall Ranking										Ranking
1.										
2.										
3.										

Comments & Suggestions

Improvement Points

Customer Sign. & Stamp