



Quality Management System
Customer Satisfaction Survey

QF. 140 Rev.A
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Please return this survey by email to sender when completed.

Company Name:

Contact Name:

Report/Order Number:

Order Date:

Job/Order Description:

Please take a few moments to rate our performance in each of the areas below. Your feedback enables us to be more responsive to your needs and provides valuable information that helps us to improve our products and services.

Excellent

Good

Fair

Needs
Improvement

How would you rate our performance in regards to:

(please circle one)

1. Customer service?

4

3

2

1

2. Overall communication and responsiveness?

4

3

2

1

3. Documentation?

4

3

2

1

4. Service quality?

4

3

2

1

5. Delivery?

4

3

2

1

6. How likely are you to use our services again in the future?

4

3

2

1

7. What is your overall level of satisfaction with our products?

4

3

2

1

Please use the space below for any comments or suggestions you may have to help us improve our offerings:

Customer Phone (optional):

Date:

Please return this survey by fax or email to sender when completed.

(713)692-1722 qa@techcal.com