

REDACTED

Your Company Name and Logo

Date

(Your Co name) has made a commitment to our Customers to [REDACTED] and we have been working very hard to [REDACTED]

[REDACTED] Please assist us to achieve our goal by completing and returning the enclosed survey.

Thank you for your support,

(Your Signature)

(Your printed name)

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CUSTOMER PERCEPTION SURVEY

(Your Co name)

Customer Name:		
Completed By:		Date:
Please rate the following items from 0 to 10 (0 = Bad and 10 = Excellent)		
1)	Score	Satisfaction
a)		
2)	Score	Performance
a)		
3)	Score	Competitiveness
a)		
4)	Score	Prediction
a)		
Comments:		

Thanks again for your support
Please Fax the completed survey to: (Your Name and Fax#)

Form Rev: Orig

CUSTOMER SATISFACTION SURVEY

Your Logo

From: Name
Title
Co Name
Address
City, State, Zip

To: Customer Contact Name
Customer Co Name

Greetings,

We are asking you to spend a few minutes out of your busy day to respond to our survey.
The information you provide will help us improve our products and services for your organization.

[Redacted]

our Company's performance:

[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

[Redacted]

Please give an example of what you like best about dealing with our Company

Your Form# (rev)

Thank you for your participation in our survey - please fax your response to:
(Your Contact Name) (Your Fax Number) (Your Email Address) (Phone Number)