

## CUSTOMER SATISFACTION SURVEY

Accomplished by: \_\_\_\_\_

Date : \_\_\_\_\_

Designation: \_\_\_\_\_

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

*We strive to create excellence in customer's satisfaction. In line with this corporate mission, we have prepared this survey to help us identify the areas which we need to improve to be of better service to your company.*

*Kindly rate our performance from 1 to 10 using the applicable box, based on the following criteria :*

- 9 - 10 Excellent
- 7 - 8 Very Satisfactory
- 5 - 6 Satisfactory
- 3 - 4 Below Satisfactory
- 1 - 2 Poor

*Additionally, rate the importance of each topic from 1 (not important) to 10 (very important) for your company.*

	Performance (1 - 10)	Importance (1 - 10)	Remarks
<b>I. Product Quality</b>			
The overall product conformity compared to your quality requirements	<input type="checkbox"/>	<input type="checkbox"/>	_____
The product hygiene & food safety as compared to your requirements	<input type="checkbox"/>	<input type="checkbox"/>	_____
The condition of production facilities as compared to your requirements	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>II. Product Development</b>			
The product design compared to your requirement	<input type="checkbox"/>	<input type="checkbox"/>	_____
The prototype quality compared to your packaging requirement	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>III. Product Lead times</b>			
The time to market for designs and samples of new products	<input type="checkbox"/>	<input type="checkbox"/>	_____
The production lead time for ongoing products	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>IV. Customer Support Services</b>			
General professionalism and promptness of quotes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responsiveness and attitude towards your production requirements	<input type="checkbox"/>	<input type="checkbox"/>	_____
The handling of complaints and after sales information	<input type="checkbox"/>	<input type="checkbox"/>	_____
The concerned personnel are easy to contact	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>V. Price for performance</b>			
New project and tooling quality meet your price expectation	<input type="checkbox"/>	<input type="checkbox"/>	_____
The product quality & services meet your price expectation	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>VI. Logistics and deliveries</b>			
Deliveries are on time with accurate scheduling, information and documentation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Products are in perfect condition upon delivery	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trucks are in good and clean condition with courteous personnel	<input type="checkbox"/>	<input type="checkbox"/>	_____

**VII. Are we able to act as real business partners to your company? Please explain.**

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**VIII. Have our services to your company changed over the past year? (For better or worse) Please explain.**

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**IX. Please write down any suggestions or remarks you may have for us.**

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Thank you for your cooperation to complete this survey.

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