

# CUSTOMER SATISFACTION SURVEY



the strong alternative

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

SN	PARAMETERS/ QUESTION	CUSTOMER RATINGS (Please Tick)					Comments on dissatisfaction if less than (3)
		Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	
<b>PRODUCT</b>							
1.1	Overall Quality of product						
1.2	Cost of product						
1.3	Consistency in performance						
<b>2 PROCESS</b>							
2.1	Response time to queries						
<b>PERSONAL</b>							
3.1	Sales/ Service Personnel are courteous						
3.2	Sales/ Service Personnel are knowledgeable						
<b>SERVICE</b>							
4.1	Availability of the material/ delivery performance						
4.2	After sales service (technical support) and response time						
4.3	Complaints handling/ redressal of complaints						
<b>Comments/ Remarks For improvements, i.e. for eg. Do you have any unfulfilled needs that we are currently not addressing? Do you have any comments, complaints or compliments you care to offer us? etc.etc.</b>							
Name & Address of Customer: _____ Company Stamp (Authorized Signatory) Date: _____ -----To be filled below by DFB Gypsum----- Total Individual rating: _____ (In %)							
DFB/FM/001-03-00 _____ (Signature)							