

replace with  
**LOGO**

# Customer Satisfaction Survey

Rev. []

## CUSTOMER INFORMATION

CUSTOMER NAME

POSITION CLASSIFICATION

DATE

## SURVEY

### QUESTIONS

### FEEDBACK

- |   |                                    |                               |  |
|---|------------------------------------|-------------------------------|--|
| 1. Has Senior Management adequately determined the needed resources and information necessary for operations on your project/product? | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Needs Improvement <input type="checkbox"/> |
| 2. Do you feel ( <i>Your Company Name Here</i> ) Quality Program meet the requirements for your organization/project?                 | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Needs Improvement <input type="checkbox"/> |
| 3. Do you feel ( <i>Your Company Name Here</i> ) addressed problems or changes effectively?   | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Needs Improvement <input type="checkbox"/> |
| 4. How would you rate our level of customer service?  | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Needs Improvement <input type="checkbox"/> |
| 5. How would you rate your overall level of satisfaction with our service/product   | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Needs Improvement <input type="checkbox"/> |

## ADDITIONAL COMMENTS

[Response]