



CUSTOMER SATISFACTION FEEDBACK FORM

980 Memorex Dr.
Santa Clara, CA 95050
408-244-9848

Project Name & Location:

Date:

Level of Satisfaction: 5 = EXCELLENT, 4 = SATISFIED, 2 = NEEDS IMPROVEMENT

Please mention the level of satisfaction by [√] marking the points accordingly.

	Description	Excellent	Satisfied	Needs Improvement
1	Product Quality - Material			
2	Product Quality - Installation			
3	Product Quality - Overall Finish			
4	Timely Completion of Project			
5	Project Value (Overall Added Value)			
6	Delivery of Materials			
7	Timely Response to Quote Request			
8	Timely Response to Contract/Documents/Records			
9	Accuracy of Project Documents			
10	Level/Quality (Overall Response) of Communication			
11	Timely Response/Resolution of Complaint (if applicable)			
12	Technical Expertise/Knowledge of Our Staff/Crew			
13	Professionalism of Our Staff/Crew While on the Project Site			
15	Your Experience With Our Staff/Crew Onsite			
16	Safe Practices Implemented & Followed			
17	Cleanliness of Site During/Post Installation			
TOTAL:				

Other suggestion(s) for improvement and/or betterment of business practices / Remarks (if any):

Rating: Customer Satisfaction Score (CSAT) = Sum of All Scores / Sum of Maximum Possible Scores x 100 = _____%

Grade: _____

Grade: A = Excellent (Above 90%), B = Satisfactory (80% to 90%), C = Needs Improvement (Below 80%)

Customer Name:

Signature:

Date:

Reviewed By:

Signature:

Date: