



Client Survey Form

Company Name:

Date:

Respondent's name:

Position in company:

OVERALL LEVEL OF SERVICE

	EXCELLENT	VERY GOOD	GOOD	AVERAGE	POOR
How do you rate the overall level of our service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW DO YOU RATE THE FOLLOWING AREA'S OF SERVICE?

	EXCELLENT	VERY GOOD	GOOD	AVERAGE	POOR
Service from sales team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpdesk Support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Order processing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On site training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDATION LEVEL

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
I would recommend PhoneControl and their products.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS - to help us to improve our service

You are kindly requested to fill in this survey form and return it to PhoneControl to enable us to keep on improving our services to our valued customers.

PhoneControl, P.O.Box 6682, East Perth, WA 6004

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