

[organization name]

Appendix 2 – Customer Satisfaction Questionnaire

[Organization name] is oriented towards achieving complete satisfaction of our customers. For this purpose, we would like you to fill in the following questionnaire and indicate to us your satisfaction level. The survey is anonymous, but we will appreciate your help.

First, define how important (1 – the least importance, to 5 – high importance) are the following characteristics for you, and then rate them (1 – very bad, to 5 – excellent).

No.	Aspect of Customer Satisfaction	Importance (1-5)	Score (1-5)
1.	Test or Calibration service quality		
2.	Speed of response to customer requests		
3.	Compliance to contractual obligations		
4.	Availability to attend to our customers		
5.	Availability to attend with calibration certificates		
6.	Cooperation of our sales department		
7.	Transparency and cooperation of our Finance Department		
8.	Flexibility of payment		
9.	Speed of complaint resolution		
10.	Way of working with clients		
11.	Customer support after service delivery		
12.	Completeness of documentation accompanying product (certificates of calibration, calibration certificates etc.)		

Commented [170251]: Add aspects of importance for organization and delete unnecessary ones.

Commented [170252]: Write in the level of importance of named characteristic using predetermined scale.

Commented [170253]: Delete "Test or Calibration" if only one applies.

Commented [170254]: Delete if only calibrations are done.

Commented [170255]: Delete if only testing is done.

Commented [170256]: Adapt to organization's business.

What is the most important thing we do for our customers and clients?

What is the most important thing we do for our customers and clients?

In which areas are our competitor better than we are?

In which areas are our competitor better than we are?

What would you like about our company or its offerings?

Suggestions/comments:

Commented [170257]: Adapt to organization's needs.

[organization name]

Questionnaire filled in by: _____ Date: _____

For additional information regarding completion of the questionnaire, please contact [write in the name of person to contact or phone number or email address or postal address]

Please send the questionnaire back to an email address or by mail to the following address:

[Write in the address].