

PureLine

Dear PureLine Customer

On behalf of continual improvement with the help of a Quality Management System, we are dedicated to assure our customers satisfaction and safety. Because of it we are committed to monitor your valuable opinion and suggestions and act accordingly. So, we request you that you to spend some of your valuable time advising us through the below given feedback form.

Thank you,

Meagan Franz

Customer Service

PureLine Treatment Systems

1241 N. Ellis St.

Bensenville, IL 60106

847-963-8465

Customer Feedback Form

#	Feedback Avenues	5	4	3	2	1	0	
		Excellent	Very Good	Good	Satisfactory	Not sure	Poor	N/A
1	Promptness of our response to initial call / enquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Effectiveness of Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Quality & Competence of project team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Resolving queries & quality of resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Compliance with your requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Courtesy & Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Timely implementation & Completion of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Delivery of products within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Responsiveness to changing requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Health and safety provision and awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions for improvement:

Will you use our services again if the opportunity arises? Yes No

Name:	Date:
Designation:	Signature:

For Internal Use only

1. Add the marks assigned for feedback avenues 1-10.
2. Total marks will be out of 50.
3. Calculate the percentage satisfaction by multiplying the total obtained marks with 2.

TOTAL PERCENTAGE SATISFACTION:	
Verified By:	