

# Customer Satisfaction Survey

Review Period : Jan - Mar 2019

Company Name :

Date :

Account Manager :

Please rate your satisfaction level with each of the following statements.

1 = Needs Improvement      2 = Satisfactory      3 = Good      4 = Very Good      5 = Excellent

### Please rate the service you received:

	1	2	3	4	5
1. Product Meeting Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ordering Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Visual Condition of Material at Receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. On-time Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. IKIO Representative's Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions, if any

Name & Signature of the  
Company Representative