

Customer Satisfaction Form (CSF)

Completed by:	Date:
Customer contact:	Phone number:
Customer:	Fax number:
(0–5) average of the following Ratings:	

Customer Perception of our Performance (0–5, 5 is outstanding)

<p>1. How is our customer complaint and response system?</p> <p>Comments:</p>	Rating:
<p>2. Has your sales contact been helpful and responsive?</p> <p>Comments:</p>	Rating:
<p>3. How is our Quality?</p> <p>Comments:</p>	Rating:
<p>4. How is our delivery performance?</p> <p>Comments:</p>	Rating:
<p>5. How is our pricing?</p> <p>Comments:</p>	Rating:
<p>6. Note any specific issues of particular concern or any opportunity for improvement that were conveyed to you by the customer:</p>	