

Dear;

We kindly ask you to answer the following survey questions and send them to us by e-mail to Info_ProductEge@deceuninck.com or by post/cargo, in order to serve you a better and improve service assurance within the scope of the quality management systems standards of our institution.

Customer Name (Stamp)	Date: .../ ... / 20....
Customer Address	
Customer Phone and e-mail	
Customer Signature	

Questions	EVALUATIONS				
	Very Good (5)	Good (4)	Medium (3)	Bad (2)	Very Bad (1)
CUSTOMER SERVICES:					
1-Did you easily reach the person required?					
2-Did you get the satisfactory answers to your questions?					
3-Are the informing and communication level enough?					
4-Do you think to use the testing service again?					
5-Is the environment and infrastructure where the service is provided suitable?					
6- Do you think the test center is abide by the privacy policy?					
7-Are your responded complaints quickly and satisfactory ?					
8- Is our website sufficient about content?					
9-Do you find our employees kind and respectful in communication with you?					
10-Are you satisfied with the quality of the service provided by our organization?					
11-How do you evaluate the situation of objectivity and privacy of the services offered by our test center ?					
12- Do you suggest our test center to other companies?					
OFFER/ CONTRACT:					
13-Is the given information clear enough in the request offer and contract form ?					
14-Is our Service Price List clear and understandable enough?					
TEST ACTIONS:					
15-Are our test methods suitable for your needs?					
16-Is the level of information about the tests of our technical staff enough?					
17-Do you find the test results reliable?					
REPORTING:					
18-Did the reports reach you on time? (About the our reporting time)					
19-Are the informations in the reports clear and understandable?					
20-Are the informations in the reports suitable for request?					
In addition to the questions above, could you evaluate the our positive or negative sides by using the blank below?					

Evaluating:

Each Question is 5 points.

Total Point:

Name and Surname of Evaluator:

Date / Signature:

(This section will be filled by Dec-TC / Deceuninck Test Center.)