

Customer Satisfaction Questionnaire

As part of Emergent Crown's commitment to continuous improvement within our quality systems, we would appreciate your comments regarding your dealings with us. We therefore would respectfully request that you complete the following questionnaire:

A) Your information:

* required fields

Your First Name*:

Your Surname*:

Your Company*:

Telephone*:

Your email*:

Our reference*:
(found on Acknowledgement/
Delivery note/Invoice)

B) Please rate your experience with Emergent Crown:

1. When you initially contacted Emergent Crown, rate our performance – helpfulness and reply time:

Excellent Good Average Poor Unacceptable Not Applicable

2. When you asked us, please rate the Technical Advice that we gave you – speed and accuracy:

Excellent Good Average Poor Unacceptable Not Applicable

3. Before your delivery, please rate the prior Notice of Delivery that we gave you – accuracy and promptness:

Excellent Good Average Poor Unacceptable Not Applicable

4. When you received your delivery, please rate our performance – meeting the acknowledged date:

Excellent Good Average Poor Unacceptable Not Applicable

5. When you received your delivery, please rate our installation team – smart, courteous and helpful:

Excellent Good Average Poor Unacceptable Not Applicable

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6. Having received your delivery, please rate the products/service – quality and value for money:

Excellent Good Average Poor Unacceptable Not Applicable

7. If you experienced any problem, please rate our response – helpfulness and promptness:

Excellent Good Average Poor Unacceptable Not Applicable

8. Having used Emergent Crown, please rate our overall performance:

Excellent Good Average Poor Unacceptable Not Applicable

C) Additional Comments:

Thank you for time completing this questionnaire.

D) Please fax back on our FREEFAX Number:

FREEFAX: 0800 018 51 03

**Emergent Crown
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Halifax
HX1 5BE**

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Fax: 01422 347006