

CUSTOMER SATISFACTION SURVEY



Customer's Name: _____

Dear valued Customer(s),

Thank you very much for your trust in our service. In order to improve our service in meeting your requirements further, please provide the appropriate answer to the available column. Once it is completed, kindly send back this survey form to us through fax no (0778) 321 388 or by email to sales@inspektindo.com

Thank you
PT. INSPEKTINDO SINERGI PERSADA

INSTRUCTIONS FOR QUESTION 1 – 4: Please put your answer in the available column by crossing the appropriate number with the scale 1 = very dissatisfied, 2 = dissatisfied, 3 = neutral, 4 = satisfied, 5 = very satisfied.

INSTRUCTIONS FOR QUESTION 5: Please put your answer in the available space by crossing the appropriate number with the scale 1 = becoming much less important, 2 = becoming less important, 3 = staying about the same, 4 = becoming more important, 5 = becoming much more important.

1	How satisfied are you with the quality of work and safety performance that you receive from PT Inspektindo Sinergi Persada?	1	2	3	4	5
2	How satisfied are you with the lead time to complete the order from PT Inspektindo Sinergi Persada?	1	2	3	4	5
3	How satisfied are you with the response and service received from PT Inspektindo Sinergi Persada?	1	2	3	4	5
4	How satisfied are you with PT Inspektindo Sinergi Persada products or/and service in overall?	1	2	3	4	5
5	Are PT Inspektindo Sinergi Persada product and service services becoming more or less important to your business?	1	2	3	4	5

6. Please rate our representative personnel in handling your request on the following dimensions:

Answering your calls quickly	Excellent	Good	Average	Poor	Very Poor
Getting right person to help you	Excellent	Good	Average	Poor	Very Poor
Professionalism and courtesy	Excellent	Good	Average	Poor	Very Poor
Resolving your issue(s)	Excellent	Good	Average	Poor	Very Poor
Escalating issues when required	Excellent	Good	Average	Poor	Very Poor

7. For business relationship, which of the reasons below had the most impact on your decision to do business with PT Inspektindo Sinergi Persada? (Select all that apply).

Cost	Quality	Range of product or service	Functionality	Reputation
1	2	3	4	5

INSTRUCTIONS FOR QUESTION 8: Please put your answer in the available space by crossing the appropriate number with the scale 1 = very dissatisfied, 2 = dissatisfied, 3 = neutral, 4 = satisfied, 5 = very satisfied.



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8. How satisfied are you with PT Inspektindo Sinergi Persada in each of the following areas:

Ease of doing business	1	2	3	4	5
Invoicing	1	2	3	4	5
Flexibility of contract terms	1	2	3	4	5
Flexibility of pricing models	1	2	3	4	5
Strategic partnering	1	2	3	4	5

COMMENTS

What are the most important things that PT Inspektindo Sinergi Persada could do to improve the quality of the relationship that they have with you and your business associates?

Survey Date: _____ **Sign & Name (Customer's Repr):**

Thank you for your participation in our improvement

