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Form #: CS01  
 Rev. #: 0002

# Customer Satisfaction Survey

**Thank you** for taking the Customer Satisfaction Survey. The survey should take less than five minutes of your time to complete. Click the "Submit by Email" button to submit the survey or "Print" the form and fax it to us. Thanks again for your assistance with this. Please rate your satisfaction level with each of the following statements.

1 = very satisfied      2 = somewhat satisfied      3 = neutral      4 = somewhat dissatisfied      5 = very dissatisfied

	1	2	3	4	5
1. How satisfied are you with the delivery of our products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How do you rate the response time of our Sales Representatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How satisfied are you with the quality of our products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How satisfied are you with the quality of our Custom Gasketing Products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How do you rate our customer communications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How would you rate the PRODUCT KNOWLEDGE of our:					
a) Order Desk / Inside Sales Representatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Outside Sales Representatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a) Counter / Showroom Sales Representatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Rate your overall satisfaction with the customer service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What product and/or service characteristics do you like?

9. What product and/or service characteristic do you dislike?

10. **How can we better serve you?**

11. **Additional comments or concerns:**

Name:

Phone Number (numbers only)

Company:

Fax Number (numbers only)

E-mail Address: