



The Service Provider

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- CCTV Systems
Intruder & Fire Alarms
Access Control Systems
Radio & Data Communications
Nurse & Warden Call Systems
Automatic Traffic Barriers & Gates

- Electrical Installations
Building Control Systems
24hr Service
Local & National Coverage
Maintenance Programmes
On-Line Support

Job No: _____

Customer Satisfaction Form

Thank you for choosing EDS.

We trust that you were happy with the work we carried out for you and that our workmanship met your expectations, In order that we maintain our high standards and to monitor our quality service, we would appreciate a moment of your time to complete this Customer Satisfaction Form, and either post or fax it back to us. Any comments given in this form will be treated with strictest confidence. Should you wish to expand on any of the areas, please use a separate sheet and attach it to this form. (Leave a section blank if you wish).

Name..... Company (if applicable)..... Position.....
Address..... Post Code.....
Tel No..... Fax No..... Mobile.....
How did you originally hear about EDS?..... Date.....

When you initially contacted EDS, please describe your thoughts regarding:
Excellent Good Average Poor
Ease of Contact
First Impressions
Polite & Helpfulness
Plan of Action Given
Speediness of Enquiry

How would you describe the following qualities of the operative(s):
Excellent Good Average Poor
Polite & Helpful
Knowledgeable
Appearance
Quality of Workmanship
Regard to your property

When the representative first called to see you, please describe the following:
Excellent Good Average Poor
Punctuality
First Impression
Polite & Helpfulness
Knowledgeable
Plan of Action Given

Please describe the manner in which our operative(s):
Excellent Good Average Poor
Informed you of Progress
Explained the Works
Demonstrated the Works
Carried out their works
Informed you of any delays

When you received the quotation, what were your thoughts regarding:
Excellent Good Average Poor
Presentation
Ease of Understanding
Quality of Information
Value for Money
Punctuality

How would you describe the overall opinion of the Systems/Work:
**Where applicable
Excellent Good Average Poor
Ease of Use**
Functional**
Build Quality
Instructions
Overall Opinion

About the operative(s):
Date & Time Expected Date: Time:
Date & Time Arrived Date: Time:
Was this acceptable Yes No
Comments

Would you purchase from EDS Again? Yes No
Would you recommend EDS to other people? Yes No
Reason (If any)
If yes, I would recommend EDS to:

Is there anything else you would like us to know?

Are there any improvements we could make?

Thinking about your purchasing decision, please rank the items listed below in order of importance, i.e. if Warranty was the most important mark it with [1]
[] Availability [] Quality of Products [] Performance of Products [] Price [] Warranty [] Location [] Service Backup & Support
[] Company Track Record [] Company Accreditations [] Company Technical Abilities [] Other Please Give Details -

If you would like further information on any of our products or services we provide, please complete the section below
Intruder Alarms Automatic Rising Traffic Bollards Automatic Turnstiles
Fire Alarms Automatic Traffic Barriers Electrical Testing
Closed Circuit Television (CCTV) Automatic Gates Electrical Installations
Covert Surveillance Automatic Rising Kerbs Public Address Systems
Access Control Systems Perimeter Protection Systems Parking Pay & Display Systems
Time & Attendance Systems Nurse & Warden Call System UPS Power Supplies/Generators:
Financing Your System Maintenance Contracts for Your System(s) Other (Please State):