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

Job No: 7866/7865

- Electrical Installations
- Air Conditioning Systems
- Building Control Systems

* 24hr Service * Local & National Coverage * Maintenance Programmes * On-Line Support *

Thank you for choosing EDS.

Customer Satisfaction Form

We trust that you were happy with the work we recently 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 few moments of your time in completing 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 detailed, then please feel free to use a separate sheet and attach it to this form. (Leave this section blank if you wish)

Name: [Redacted] Company (if applicable) DINGESIDE MIDDLE SCHOOL Position:

Address: WOODROW NORTH ROAD, REDDITCH Post Code:

Tel No: [Redacted] Fax No: 01827 541111 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Impressions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polite & Helpfulness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan of Action Given	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speediness of Enquiry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you describe the following qualities of the operative(s):

	Excellent	Good	Average	Poor
Polite & Helpful	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Workmanship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regard to your property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When the representative first called to see you, please describe the following:

	Excellent	Good	Average	Poor
Punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Impression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polite & Helpfulness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan of Action Given	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The manner in which our operative(s):

	Excellent	Good	Average	Poor
Informed you of Progress	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained the Works	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated the Works	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carried out their works	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informed you of any delays	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you received the quotation, what were your thoughts regarding:

	Excellent	Good	Average	Poor
Presentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of Understanding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for Money	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you describe the overall opinion:

	Excellent	Good	Average	Poor
Ease of Use**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build Quality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Opinion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** Where applicable

About the operative(s):

Date & Time Expected: Date: _____ Time: _____
 Date & Time Arrived: Date: _____ Time: _____
 Was this acceptable: Yes No
 Comments: _____

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?

If you would like further information on any of our products or services we provide, please complete the section below

<input type="checkbox"/> Intruder Alarms	<input type="checkbox"/> Nurse & Warden Call System	<input type="checkbox"/> Electrical Installations
<input type="checkbox"/> Fire Alarms	<input type="checkbox"/> Traffic Barriers & Rising Kerbs	<input type="checkbox"/> Electrical Testing
<input type="checkbox"/> Access Control Systems	<input type="checkbox"/> Automatic Electric Gates	<input type="checkbox"/> Other
<input type="checkbox"/> Closed Circuit Television (CCTV)	<input type="checkbox"/> Perimeter Protection Systems	
<input type="checkbox"/> Covert Surveillance	<input type="checkbox"/> Public Address Systems	

RECEIVED
 7 JUL
 BY: _____

Return to Freepost EDS or Fax 0870 735 5533