



The Service Provider

Leopold Street
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support@eds-uk.co.uk

- 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 *

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) ALEXANDRA MEDICAL CENTRE Position: PRACTICE MANAGER
 Address: 1, SHORT STREET, HALELOWEN, WEST MIDLANDS Post Code: B63 3UH
 Tel No: [REDACTED] Fax No: [REDACTED] Mobile: ---
 How did you originally hear about EDS? Date: 7.3.07

When you initially contacted EDS, please describe your thoughts regarding:

	Excellent	Good	Average	Poor
Ease of Contact	<input checked="" type="checkbox"/>			
First Impressions	<input checked="" type="checkbox"/>			
Polite & Helpfulness	<input checked="" type="checkbox"/>			
Plan of Action Given	<input checked="" type="checkbox"/>			
Speediness of Enquiry	<input checked="" type="checkbox"/>			

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

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

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

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

The manner in which our operative(s):

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

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

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

How would you describe the overall opinion:

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

** Where applicable

About the operative(s):

Date & Time Expected	Date: <u>11.12.07</u>	Time: <u>9.00</u>
Date & Time Arrived	Date: <u>22.12.07</u>	Time: <u>9.00.</u>
Was this acceptable	<u>Yes</u>	
Comments	<u>WAITING FOR PARTS</u>	

Would you recommend EDS to other people? Yes No

Reason (If any)
 If yes, I would recommend EDS to:
OTHER SURGERIES

Is there anything else you would like us to know? NO

Are there any improvements we could make? NO

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

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

Return to Freepost EDS or Fax 0870 735 5533