



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
Air Conditioning Systems
Building Control Systems
Building Maintenance
Carpentry, Plumbing
Heating & Gas Servicing

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

Customer Satisfaction Form

Thank you for choosing EDS.

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): [redacted] Position: GM
Address: Digress Post Code: B3
Tel No: [redacted] Fax No: [redacted] Mobile: [redacted]

How did you originally hear about EDS? through company Date: 7/11/11

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

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

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

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

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

How would you describe the overall opinion:
Excellent Good Average Poor
Ease of Use** [checked] [] [] []
Functional** [checked] [] [] []
Build Quality [checked] [] [] []
Instructions [checked] [] [] []
Overall Opinion [checked] [] [] []
** 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? [checked] Yes [] No
Reason (if any)
If yes, I would recommend EDS to: everyone!

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
[] Intruder Alarms [] Nurse & Warden Call System [] Electrical Installations [] Building Services
[] Fire Alarms [] Traffic Barriers & Rising Kerbs [] Electrical Testing [] Building Maintenance
[] Access Control Systems [] Automatic Electric Gates [] Air Conditioning [] Carpentry
[] Closed Circuit Television (CCTV) [] Perimeter Protection Systems [] Plumbing [] Painting & Decorating
[] Covert Surveillance [] Public Address Systems [] Gas Servicing [] Other:

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