

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): Osborne J+I Position: HEAD  
 Address: Station Rd, Godington, Birmingham Post Code: B23 6UB  
 Tel No: [REDACTED] Fax No: [REDACTED] Mobile: N/A  
 How did you originally hear about EDS?: Osborne Urban Design Date: 29.7.

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speediness of Enquiry	<input checked="" type="checkbox"/>	<input 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 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"/>
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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The manner in which our operative(s):**

	Excellent	Good	Average	Poor
Informed you of Progress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained the Works	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated the Works	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carried out their works	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informed you of any delays	<input checked="" type="checkbox"/>	<input 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"/>
Quantity of Information	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build Quality	<input type="checkbox"/>	<input 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: 25.7.05 Time: 9am  
 Date & Time Arrived Date: 25.7.05 Time: 11am  
 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	