**Customer Satisfaction Survey** Rev. 0

**Instructions**: Please fill out the form below and fax it back to - or email to gavinm@retirement.capital

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name: |  | Contact Name: |  |
| Customer Fax: |  | Date: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Survey Question | |  | | Rating | | |
|  | | Excellent | Good | Needs Improvement |
| 1 | Are you satisfied with our services? | |  |  |  |  |
| 2 | How would you rate our level of quality? | |  |  |  |  |
| 3 | How would you rate our level of customer service? | |  |  |  |  |
| 4 | Do you feel we adequately respond to and correct any problems or issues that may arise? | |  |  |  |  |
| 5 | How would you rate our overall performance? | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
| Comments: | | | | | | |