**Customer Satisfaction Survey** Rev. 0

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

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| --- | --- | --- | --- |
| 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? |  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |
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| Comments:      |