

CUSTOMER SERVICE SURVEY

Name:	Date:
Business Name:	Service Provider Name:
Description of Service:	

For each item identified below, circle the number to the right that best fits your judgment of its quality.

Description/Identification of Survey Item	Scale				
	P o o r	G o o d			E x c e l l e n t
1. Was your service provider friendly?	1	2	3	4	5
2. Was your service provider knowledgeable?	1	2	3	4	5
3. Was your service provider professional?	1	2	3	4	5
4. Was it easy to communicate with your service provider?	1	2	3	4	5
5. Were you explained the work that needed to be done?	1	2	3	4	5
6. Did your service provider offer recommendations?	1	2	3	4	5
7. Were you satisfied with the service?	1	2	3	4	5
8. Were you satisfied with the price?	1	2	3	4	5
9. Would you use SoloComputers.com for additional services?	1	2	3	4	5
10. Would you recommend SoloComputers.com to others?	1	2	3	4	5

Comments:
