

## Customer Satisfaction Survey

In compliance with maintaining our ISO 9000:2000 and AS9100 Certification, please respond to the following questions. This will allow us to provide continuous improvement and customer satisfaction.

How do you rate our performance in the following areas?  
(Ratings of a 3 or less will responded to with a corrective action report)

### I. SALES AND STAFF ACCESSIBILITY:

Not Enough Excellent  
1 2 3 4 5

- 1.) What time is best to visit you?  
\_\_\_\_\_Morning \_\_\_\_\_Afternoon
- 2.) How often should we:  
Call\_\_\_\_\_ Visit\_\_\_\_\_

### II. RESPONSE TIME TO CUSTOMER COMPLAINTS:

Late Fast  
1 2 3 4 5

- 1.) If we call and get voicemail, should we try to call secondary personnel?  
Name\_\_\_\_\_ Phone\_\_\_\_\_
- 2.) Do you have any improvement ideas to better serve you?  
\_\_\_\_\_

### III. MANUFACTURING QUALITY:

Poor Excellent  
1 2 3 4 5

- 1.) Do you know of any unresolved problems?  
Job #\_\_\_\_\_ Problem Description\_\_\_\_\_
- 2.) Is there quality manual/requirements for your company's compliance?  
\_\_\_\_\_

# TRIPLE INC.



1441 ALLEN DRIVE • TROY • MI • 48083  
Phone: (248) 583-1911 Fax: (248) 583-1603

#### IV. PERSONNEL:

Discourteous

1

2

3

4

Courteous

5

1.) Does our personnel speak to you in a professional manner?  
\_\_\_\_\_

2.) Are there any additional recommendations for improvement?  
\_\_\_\_\_

#### V. DELIVERY PERFORMANCE:

Poor

1

2

3

4

Excellent

5

1.) Does the process of the manufacture items require more or less lead-time?  
\_\_\_\_\_

Why? \_\_\_\_\_

Any comments or suggestions to improve the service you receive from Triple Inc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

COMPANY: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return (mail/fax) to:

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