



Remit to:
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 Carlsbad, CA 92010
 Phone (760) 602-7995
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CUSTOMER SATISFACTION SURVEY FORM

Customer Name : _____

Address : _____

Telephone No . : _____ E-Mail: _____

Services Utilized: _____

Date: _____

Dear Customer,

To help us understand how well we are meeting your expectations, we would request you to fill out this brief questionnaire. We at Angstrom Metrology, LLC understand you may be very busy and if this is not a good time for you then feel free to visit us at www.angstrommetrology.com at any time to complete a customer feedback form. These surveys are taken very seriously by everyone at Angstrom Metrology, LLC. We encourage you to be as honest as possible. Thank you for your time.

Customer Requirements

1. To serve your needs better we would like to know how important are each of these factors is to you personally:

	NA	(4) = Critical	(3) = Very Important	(2) = Important	(1) = Unimportant
1. Turn Around times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Price of Calibration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Technical Service availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Response time to RFQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. International Quality Accreditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Customer Service

2. Please give us feedback regarding your experience with any of our representatives:

	NA	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Gets By	(1) = Needs Work
1. Customer Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Helpful Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Knowledge of Issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Response to Complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please give us some feedback regarding your experience with quality of our service:

	NA	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Gets By	(1) = Needs Work
1. Delivered in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Detailed and Clear Calibration Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Overall Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | YES | NO |
|--|--------------------------|--------------------------|
| 4. Did our calibration service meet your quality requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Will you use our calibration service in the future? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Would you recommend us to your industry partners? | <input type="checkbox"/> | <input type="checkbox"/> |

4. Do you have any suggestion for improvement of our service? (Please write in the box)