

To help us serve you better, can you please take a couple of minutes of your time in filling out the attached 'Customer Feedback Questionnaire'. This information is very important to NPC, please give us your suggestions and recommendations on how we can improve our service to you.

CUSTOMER FEEDBACK QUESTIONNAIRE

Date: _____

Client Name: _____ Contact Name: _____ Property: _____

Can you please rate our performance as below:

		Poor	Fair	Good	Outstanding
I.	Response to sales inquiry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II.	How do you find our customer services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Our reliability to call you back when we say we will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The level of service that you receive from our service coordinator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Helpfulness of our service coordinators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III.	The professionalism and abilities of the technician/s who service your properties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Technician knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Technician appearance and presentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communication skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV.	How would you grade the support provided from our Senior Service & Technical Staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Technical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V.	How would you grade our general services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Responsiveness to attending emergency pest issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Control of pest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Our ability to meet your orders/requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Timeliness of our deliveries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI.	How would you grade us on how your financial and accounting queries are being dealt with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII.	How would you grade the overall service rendered by NPC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII.	Base on your experience with our services, would you recommend our products/services to others?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

IX. Please write the following in order of priority to you – Emergency Response Time ; Documentation; Control of Pest; Price & Maintaining all routine visits. (1 = the most prioritize ; 5 = the least prioritize)

1. _____	3. _____	5. _____

2. _____	4. _____	

X. Could you please tell us how we can improve to serve you better?

Client Sign : _____

Thank you for your feedback! Please return this form to NPC by mail or fax addressed to Quality Assurance Dept., National Pest Control, P.O. Box 31592, Dubai, UAE / Fax: +(971) 4 3242347 or e-mail us at: feedback@natpest.com. Should you have any other inquiries, please feel free to call Tel.: +(971) 4 3242342 ext 112.