

DIP DOO NOVI SAD	Questionnaire on customer satisfaction assessment		Code: PZ-07.08
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Dear business Partners and our Customers,

In order to promote mutual cooperation and the creation of partnerships and improving the efficiency of the quality system, please circle the the appropriate field (your score) in the form below to enter rating from 1 to 5, choosing a score that represents the degree of your satisfaction and the degree of the importance of the question.

GENERAL DATA OF YOUR COMPANY

NAME AND ADDRESS OF COMPANY: _____
PHONE NUMBER: _____ FAX: _____ E-MAIL: _____

CONTACT PERSON

Name and surname:	Position	Phone/mobile phone

QUESTIONNAIRE

Your satisfaction level				
Excellent	Quite good	Good	Poor	Bad
5	4	3	2	1

	QUESTIONS	Satisfaction level					Importance of question ()		
		5	4	3	2	1	Not important	important	Very important
1.	The ability of our staff members (courtesy, willingness to meet you, etc..) and the information You get from them								
2.	General picture of our company								
	Rating our promptness and cooperativeness in performing administrative and financial affairs								
3.	The quality of our products								
4.	Efficiency in meeting Your requirements in terms of deadlines								
5.	Way to resolve your complaints								
Your any additional comments, suggestions or tips									

Please help us by being objective, and return the fulfilled questionnaire by mail:
dipliv1@open.telekom.rs

YOUR SINCERELY

MIROSLAVA JOVANOVI

COMMERCIAL DIRECTOR