## Format for Customer Satisfaction Survey

Department of Water Supply & Sanitation					
CUSTOMER SATISFACTION SURVEY					
Company/Organizations					
Company/Organization:					
Address:					
<u> </u>					
Contact person:D	Designation:				
E Mail ID: P	hone:				
		4			
			,		
What brought you to the DWSS laboratory					
☐ Referred by another customer ☐ Contacted by DWSS ☐ Internet (Website)					
☐ Other, please specify					
Please '✓' the appropriate box.					
Customer Service Feedback	Excellent	Good	Fair	Poor	No
	(5)	(4)	(3)	(2)	Comment
How do you rate the courtesy extended by DWSS during your visit?					
2. How do you rate the pre-test interaction with DWSS's contact person?	F		. 🗀	· 🗆:	
3. How do you rate the consideration of your inputs/queries?					
4. How do you rate the post-test interaction with DWSS's contact person?					. 🗆
5. What is your satisfaction level with the test results?			, 🗆	П	
6. How do you rate the standard of services provided by the laboratory?					
7. How do you rate the level of confidentiality maintained by DWSS?	, .				
8. How do you rate DWSS's commitment for delivery of results?					

## Department of Water Supply & Sanitation **CUSTOMER SATISFACTION SURVEY** Any suggestion for improvement. Signature: Company Seal: Date: We thank you for your valuable time and suggestions! We assure you the best of our service always!