

Customer Survey – 20\_\_\_\_

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| --- | --- |
| **Customer Name**: |  |

Please fill out the following information to ensure our records are up-to-date.

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| --- | --- | --- | --- |
| **Primary Contact Name:** |  | **Contact Title:** |  |
| **Phone** **Number**: |  | **Fax Number:** |  |
| **Email Address:** |  | | |

*Thank you for your business over the past year. Please take a moment to give us your feedback regarding our performance. Feedback from our customers is a critical element of our quality program and a valuable tool to drive our improvement efforts.*

*We thank you in advance for your time!*

*Our Best,*

*Western Bronze, Inc.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Poor** | **-** | **-** | **-** | **-** | **Excellent** |
| **On Time Delivery** | 0 | 20 | 40 | 60 | 80 | 100 |
| **Quality** | 0 | 20 | 40 | 60 | 80 | 100 |
| **Pricing** | 0 | 20 | 40 | 60 | 80 | 100 |
| **Response to your Discrepancies** | 0 | 20 | 40 | 60 | 80 | 100 |
| **Customer Support (as required)** | 0 | 20 | 40 | 60 | 80 | 100 |
| **How are we compared to our competition?** | 0 | 20 | 40 | 60 | 80 | 100 |

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| Additional Comments |
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