



## Customer Survey

It's important to us at Data Distributing that your experience is a positive one. The information you provide will be used to improve Data Distributing's service division.

Please complete the below survey and let us know how we did. Once you have completed the survey, please fax it to: 949-528-1251, no cover necessary.

*".. Yes, I want to hear from you!"* Attn: Nancy Fisher, President

	1 Poor *	2	3 Satisfactory	4	5 Outstanding
Overall Quality of the Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance of Installer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Satisfaction of Work Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of How System Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of Troubleshooting Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Time allocated to User (s) Training?** \_\_\_\_\_

Comments/Suggestions

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Would you like a manager to follow up with you concerning any issues?

Yes  No

Can we name you as a reference? Yes  No

Can we call you for a brief interview/Customer Satisfaction story? Yes  No

Facility Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\* A manager will follow up on issue resulting in a rating of 1 or 2 .