



SERVICE SATISFACTION SURVEY

<p>In today's competitive research environment, research institutes need an extra edge to retain their valuable customers. Your impressions of our service are essential to our success. Please complete this short survey and post or fax the completed survey to us. Thank you!</p>							
Name of Organisation/Client							
Nature of service (e.g. specimen identification) and job reference number							
PPRI person responsible:							
					1 = Strongly disagree 5 = Strongly agree		
<i>Please mark the box which best describes your assessment of our service.</i>		1	2	3	4	5	
Professional and courteous		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speedy and accurate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accommodating of your specific requests		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reporting and invoicing efficient and effortless.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Results provided on time as per agreed dates.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Report(s) clear and precise, accurately reflecting results		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relevance of additional information provided.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Value added to you/your organization.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Would you recommend our service?		<input type="checkbox"/>	Yes		<input type="checkbox"/>	No	
How can we improve?							
Any additional feedback?							
Please indicate whether your response should be kept confidential. <input type="checkbox"/> Yes <input type="checkbox"/> No							
Signed:				Date:			
When completed, please return to:		The Project Office Manager, ARC-PPRI, kieserm@arc.agric.za					

<i>PPRI Office Use only</i>
Project No:
Date filed: