CUSTOMER FEEDBACK SATISFACTION FORM

At Reglit Glass Architecture, whether it is reliability, customer service or meeting project deadlines, we strive to fulfil all the needs of our customers. In order for us to continue to improve all aspects of our business, we would like to know what you think.

We would therefore appreciate your time to complete the following feedback form so that we know how well we met your expectations and what we could do to improve our service to you in the future.

Thank you for your assistance.

Bill McBride
Managing Director

Once you have completed the questionnaire overleaf, please fill out your details below and return to the following address, Thank You!

(alternatively, scan and send back to freedom@reglit.com)

Your details

Please insert your contact details below:

Company Name: _____

Project Name: _____

Contact Name: _____

Address: _____

_____

_____ Postcode: _____

Tel: _____

Email: _____

Please return to:

Mr Bill McBride - *Managing Director*
Westcrowns Contracting Services
Ashbury House
6 Ashton Road
Rutherglen
Glasgow
G73 1UB
e: freedom@reglit.com

Please complete the following questions and for any responses which require a rating, please use the following scale:

Poor	Fair	Good	Very Good	Excellent
1-2	3-4	5-6	7-8	9-10

Communication

1. Was your correspondence replied to in good time?

☐ *Yes* ☐ *No*

2. Did you receive prompt responses to your queries?

☐ *Yes* ☐ *No*

3. Overall, how was our level of communication with you?

☐ *(Please rate 1-10)*

Planning

4. Did we meet your planning requirements?

☐ *Yes* ☐ *No*

5. Overall, were we flexible in our approach to you?

☐ *Yes* ☐ *No*

6. How would you rate our project planning?

☐ *(Please rate 1-10)*

Performance

7. Did we meet your project requirements?

☐ *Yes* ☐ *No*

8. Did we leave the site clean and tidy?

☐ *Yes* ☐ *No*

9. How would you rate our Health and Safety approach?

☐ *(Please rate 1-10)*

Overall

10. Were we polite and courteous?

☐ *Yes* ☐ *No*

11. How was our site timekeeping?

☐ *(Please rate 1-10)*

11. How would you rate the quality of our work?

☐ *(Please rate 1-10)*

13. How would you rate our overall performance?

☐ *(Please rate 1-10)*

14. What improvements in our service do you think would make the greatest impact on how you would rate our overall performance?

15. Additional Comments: