

Provider Customer Satisfaction

	INSUFFICIENT	SUFFICIENT	EXCELLENT	NOT APPLICABLE
Communication How satisfied are you with the customer support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disponibility Is the contacted staff friendly and available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expertise Is the staff qualified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service delivery How satisfied are you with the comprehensiveness of our offer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness How satisfied are you with the timeliness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Are storage conditions / biological resource delivery adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachments Are the required information and documentation adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall experience How would you rate your overall experience with our service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendation Would you recommend our service to other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Marks an X on the box that is most appropriate.

NOTE, SUGGESTIONS, COMMENTS:

Date:

Stamp / Signature