



Field Report No. _____

CUSTOMER SERVICE FIELD REPORT

Performed By:	Date:	Branch:
Account Name:	Location:	
Customer Contact Name:	Title:	
Phone Number:	E-mail:	

Ask the applicable customer representative how we're doing in each category below.

Remind the customer to be honest in their responses----being nice won't help either of us in the long run.

1. How would you describe the overall performance of our products?

<input type="checkbox"/> 1 Very Poor	<input type="checkbox"/> 2 Poor	<input type="checkbox"/> 3 Adequate	<input type="checkbox"/> 4 Good	<input type="checkbox"/> 5 Very Good
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What's something specific we could improve upon in this category?

2. How would you rate our ability to meet delivery dates?

<input type="checkbox"/> 1 Very Poor	<input type="checkbox"/> 2 Poor	<input type="checkbox"/> 3 Adequate	<input type="checkbox"/> 4 Good	<input type="checkbox"/> 5 Very Good
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What's something specific we could improve upon in this category?

3. How would you describe the packaging and labeling of our shipments?

<input type="checkbox"/> 1 Very Poor	<input type="checkbox"/> 2 Poor	<input type="checkbox"/> 3 Adequate	<input type="checkbox"/> 4 Good	<input type="checkbox"/> 5 Very Good
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What's something specific we could improve upon in this category?

4. How would you grade the knowledge and reliability of our support personnel?

<input type="checkbox"/> 1 Very Poor	<input type="checkbox"/> 2 Poor	<input type="checkbox"/> 3 Adequate	<input type="checkbox"/> 4 Good	<input type="checkbox"/> 5 Very Good
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What's something specific we could improve upon in this category?

5. How satisfied are you with the value we provide for you/your company?

<input type="checkbox"/> 1 Very Dissatisfied	<input checked="" type="checkbox"/> 2 Dissatisfied	<input type="checkbox"/> 3 Neither Satisfied Nor Dissatisfied	<input type="checkbox"/> 4 Satisfied	<input type="checkbox"/> 5 Very Satisfied
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Can you provide some specific details related to meeting your value requirements?

6. How does our service compare to our competitors' service?

<input type="checkbox"/> 1 Far Worse	<input type="checkbox"/> 2 Worse	<input type="checkbox"/> 3 About the Same	<input type="checkbox"/> 4 Good	<input type="checkbox"/> 5 Very Good
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Can you provide some specific details related to how we compare?



7. Do you have any complaints or problems related to our products/service that you haven't told us about?

8. What are our biggest strengths?

9. What do you see as our most significant weaknesses?

10. What would you like to see us do better or differently in the future?

Additional Notes/Customer Comments:

Operations Quality Use:

Contact for This Field Report:	Phone:
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Field Report Reviewed By:	Date:
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Resulting Actions:
