



CUSTOMER FEEDBACK SURVEY

At Endeavour Life Care & ELC Home Modifications we understand the importance of customer satisfaction, and we value your input and suggestions as to how we can improve our products and services. We welcome any ideas, suggestions and feedback you may have about the way we provide our products and services, and the products themselves. Through your feedback we can continue to improve our products and services.

Please complete and return this form by email, fax or post to our address below.

Details

Your Name (optional)

Name(s) of staff you have dealt with: (optional)

Type of Service Provided

Delivery Installation Other (please specify)

Referred by:

OT Physio Health Professional

Name (optional):

Hospital Council Other (please specify)

Name (optional):

Feedback

Please rate the following by placing a tick in the most appropriate box

	Very Good	Good	Poor	N/A
How was the attitude/helpfulness/knowledge of our office/sales staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How appropriate was the delivery or installation timeframe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How was the attitude and appearance of delivery personnel/ installer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the equipment set-up and the clarity of instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the workmanship of the installer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the tidiness of the installer during and after the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how would you rate your dealings ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely would you be to recommend Endeavour Life Care/ ELC Home Modifications to family and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very Likely	Likely	Unlikely	Very Unlikely

Please write any further comments/ suggestions or general feedback below.

Would you like to be contacted regarding your feedback?

Yes No

Contact Details: