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

<table>
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<th>Very Good</th>
<th>Good</th>
<th>Poor</th>
<th>N/A</th>
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How was the attitude/helpfulness/knowledge of our office/sales staff?

How appropriate was the delivery or installation timeframe?

How was the attitude and appearance of delivery personnel/ installer?

How would you rate the equipment set-up and the clarity of instructions?

How would you rate the workmanship of the installer?

How would you rate the tidiness of the installer during and after the job?

Overall, how would you rate your dealings ?

How likely would you be to recommend Endeavour Life Care/ ELC Home Modifications to family and friends?

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

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Would you like to be contacted regarding your feedback? ☐ Yes ☐ No ☐

Contact Details: