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| --- | --- |
| Surveyed Company:      | Contact:      |

**Rating scale: 1 very good**-------------------------------------------**6 bad**

1. How satisfied have you been with the quality of the testing procedure?

Sale: 1 2 3 4 5 6

 [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

2. How satisfied have you been with the timelines within the order processing?

Scale: 1 2 3 4 5 6

 [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

3. Please rate the quality of the testing report.

Scale: 1 2 3 4 5 6

 [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

4. Please rate to what extend the whole order processing complied with your requirements.

Scale: 1 2 3 4 5 6

 [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

5. How would you rate the flexibility of the employees for changes within the testing program?

Scale: 1 2 3 4 5 6

 [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

6. Please express any criticism, suggestions and complaints, so that we are able to increase our customer satisfaction

|  |  |  |
| --- | --- | --- |
| Date:       | Company:………………….. | Contact:…………………….  |

 (Signature) (Signature)