






CLIENT SERVICE EVALUATION REPORT

Dear Client

We thank you most sincerely for using the services of CSG and hope that we met your expectations. Please take 5 more minutes of your time to tell us about your experience of Constructive Solutions Group.

(TICK THE APPROPRIATE BLOCK)

- | |  |  |  |
|---|---|---|---|
| 1. Did we respond promptly when you called for a quotation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was the quotation we gave you: | | | |
| • Accurate with respect to the work to be done | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Fairly priced (in your estimation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How was our communication in general | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did we start the work on the agreed upon date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did we complete the work on the agreed upon date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was the work completed to your satisfaction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Rate your overall experience of doing business with CSG | | | |

PLEASE CIRCLE (0 = BAD 10 = EXCELLENT) 0 1 2 3 4 5 6 7 8 9 10

Your name _____

Your address _____

Your contact number (optional) _____

Signed : _____ Date: _____