

# CUSTOMER SATISFACTION SURVEY



In the interest of continuous improvement, we at National Quality Assurance appreciate you spending a few minutes to complete this valuable survey. Your candid response will allow us to assess our training needs and provide you with the best possible services.

**Company Name:** \_\_\_\_\_ **City & State:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **NQA Auditor:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Activity Date:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Type of Activity:** \_\_\_\_\_

*\*Please rate the quality of service received from the NQA Office Team as well as services provided by the Auditor.*  
 5=Outstanding 4=Good 3=Satisfactory 2=Below Expectations 1=Unacceptable

Services	Auditor					NQA Office Team				
<i>Communications with NQA Team</i>	5	4	3	2	1	5	4	3	2	1
<i>Level of Courtesy and Professionalism</i>	5	4	3	2	1	5	4	3	2	1
<i>Technical Competence of Team</i>	5	4	3	2	1	5	4	3	2	1
<i>Quality of Services</i>	5	4	3	2	1	5	4	3	2	1
<i>Timeliness of Services</i>	5	4	3	2	1	5	4	3	2	1
<i>Assessment Skills of Auditor</i>	5	4	3	2	1					
<i>Overall On-Site Activity</i>	5	4	3	2	1					
<i>Overall Satisfaction</i>		5		4			3		2	

Would you recommend NQA in the future to your suppliers and customers? Yes  No

Which of the above categories do you feel is most important? \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FOR NQA USE ONLY	
Region	_____
Followed up By	_____
Date	_____
Further Action Needed	Y <input type="checkbox"/> N <input type="checkbox"/>
CPAR/CC#	_____

**ADDITIONAL SERVICES:**

Please check any other NQA services that your company may be interested in.

- AS9110    AS9100    AS9120    AS9003    ISO 14001    ISO13485    Supplier Audits    AC-00-56  
 TL 9000    ISO/TS 16949    ESD S20.20    OHSAS 18001    ISO 17025

Other: \_\_\_\_\_

Please fax this survey to **(978) 263-0785** or email to **iso@nqa-usa.com**

**\*Thank you for your value added feedback\***