Customer Satisfaction Survey

In order to improve the level of quality and service offered to our customers, we are asking for your assistance in evaluating our past performance. Please complete and return this brief customer satisfaction survey so that we can work towards providing consistently better service in the future. Thank You.

Please check each of the services provided by Faxon Machining within the past 12 months

- Gundrilling
- Trepanning
- Turning
- Milling
- Honing
- Grinding
- Wire-EDM
- Welding
- Assembly
- Other

Please indicate your level of satisfaction from 1-5, with 5 being extremely satisfied and 1 being not at all satisfied.

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<td>Initial contact and/or other Communications</td>
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<td>Quotation was accurate and provided in a timely manner</td>
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<td>Pricing / Value for services requested and received</td>
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<td>Quality of products and/or services received</td>
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<td>Expectations were met in regards to On-Time Delivery</td>
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<td>Customer Service personnel were responsive to our needs</td>
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<td>Adequate Technical Support was provided when necessary</td>
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<td>Any Problem(s) were resolved promptly and satisfactorily</td>
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<td>Appropriate Paperwork was received as expected</td>
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<td>Shipping and Receiving facilities were adequate</td>
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<td>Overall Satisfaction in doing business with Faxon Machining</td>
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What service(s) or procedure(s) would you like to see improved? __________________________________

Comments____________________________________________________________________________________
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______________________________________________________________________________________________
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Would you recommend Faxon Machining to others? ☐ Yes ☐ No

Comment ____________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Has any Faxon Employee(s) been especially helpful? ______________________________________________

Comments ____________________________________________________________________________________
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Please write any additional comments and/or suggestions: __________________________________________
______________________________________________________________________________________________
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______________________________________________________________________________________________

Company Name: ___________________________________________ Date: ____________________________

Person Completing Survey: ___________________________ Title: _____________________________

Thank you for your assistance in helping us to provide better service to our customers.

Please return completed survey form to Faxon Machining using the envelope provided.