

CLIENT SATISFACTION FORM

Details of Applicant
Name of Company/Client:
Address:
Telephone number/Fax/e-mail:
Title of the project:
Contract No. of the Project:
Date of issue of Report/ testing:

The present document, is used by "EUCLIDIS S.A." for the assessment of client's satisfaction with purpose the continuing improvement of the quality of the provided services. You are kindly requested to fill in (✓) and return this document to the Body.

1. Satisfaction for the provided services of the Company:

Items	Rating of satisfaction of Client				Justification of answer (optional)
	Dissatisfied	Neutral	Satisfied	Very satisfied	
Response/ Contant with Body					
Employee's behaviour					
Timely response to the assessment timeschedule					
Items	Rating of satisfaction of Client				Justification of answer (optional)
	Dissatisfied	Neutral	Satisfied	Very satisfied	
Technical skills and Abilities of the Body					
Quality of the assessment					

2. Proposals to improve our quality

Please write to us any proposal regarding the services provided by EUCLIDIS S.A. and where you believe that improvements are needed or any other proposal that could improve the quality of our services.

No.	Item	Client's Proposal
1		
2		
3		
4		

3. In case you do not wish to fill in the present document please tick (✓) in the corresponding box below.

I do not want to fill in the present document	<input type="checkbox"/>
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For the Client

(Name/ Surname & Signature)

Notes:

1. The present form can be sent by fax to number, or by e-mail to (The form is also available electronically)
2. Please keep the present form in your records in case of future cooperation with us.