



# SEDGEWALL

## Customer Satisfaction Questionnaire

As part of our commitment to an ongoing programme of product & service development, Sedgewall Communications Group Ltd operates within the guidelines of a continuous improvement policy & ISO9001 accreditation.

Please spare a few moments of your time to complete & return this document. All information given will be treated in the strictest confidence & will provide us with the opportunity to improve the standard of our products & services.

Please respond to the following questions by selecting the grade you consider to be most appropriate, with 1 representing the lowest score & 5 the highest.

**1. Where did you here about us?**

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**2. If you visited our website, did you find what you were looking for?**

Yes		No	
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**3. Did you find the website easy to navigate?**

Yes		No	
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**4. How would you rate the overall appearance & content of our website?**

1 (Lowest)		2		3		4		5 (Highest)	
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**5. How do you rate our telephone response to your enquiries?**

1 (Lowest)		2		3		4		5 (Highest)	
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**6. What is your opinion of our overall approach to customer service?**

1 (Lowest)		2		3		4		5 (Highest)	
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**7. Do you receive regular calls/visits from our sales representatives?**

Yes		No	
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8. Would you like to receive regular calls/visits from our sales representatives?

Yes		No	
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9. How effective are we at providing prompt answers to technical &/or practical enquiries?

1 (Lowest)		2		3		4		5 (Highest)	
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10. Do you consider that we demonstrate a real understanding of your requirements?

1 (Lowest)		2		3		4		5 (Highest)	
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11. How do you rate our product knowledge with a view to your requirements?

1 (Lowest)		2		3		4		5 (Highest)	
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12. How would you rate our products & services on price?

1 (Lowest)		2		3		4		5 (Highest)	
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13. What is your opinion of the overall quality of our products?

1 (Lowest)		2		3		4		5 (Highest)	
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14. Do you consider our deliveries to be on time & accurate?

1 (Lowest)		2		3		4		5 (Highest)	
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15. Do you consider our awareness of product availability meets your needs?

1 (Lowest)		2		3		4		5 (Highest)	
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16. Did you receive our invoice promptly?

Yes		No	
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17. Were the charges on the invoice clear?

Yes		No	
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18. If you had any queries with regards to invoicing, how would you rate the resolution?

1 (Lowest)		2		3		4		5 (Highest)	
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19. Overall how satisfied are you with Sedgewall Group Of Companies?

1 (Lowest)		2		3		4		5 (Highest)	
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20. Based on your experience, would you recommend us?

Yes		No	
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21. If you answered 1. Lowest or 5. Highest to any question, please give details below.

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22. Do you have any suggestions that will help us improve?

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23. Would you like a response with regards to any aspect of this questionnaire?

Yes		No	
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24. If you would be willing to provide a testimonial for our website, please enter it here.

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25. If you would like us to link your testimonial to your website, please provide a url here.

Your name:

Your Job Title:

Company name:

Company Address:

Phone No:

Email:

Thank you for your valued assistance.

Please return your completed questionnaire for the attention of:

**Mrs. Isabel Tootill**

Postal Address as below

Fax: 01582 475 553

Email: [Isabel.Tootill@sedgewall.com](mailto:Isabel.Tootill@sedgewall.com)

If you would like further information about our customer satisfaction program, please visit our new website [www.sedgewall.com](http://www.sedgewall.com).

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