

# FEEDBACK FORM

## TELL US WHAT YOU THINK



VISION SYSTEMS  
PROFESSIONAL SECURITY SOLUTIONS

We believe that your feedback is invaluable in assisting us to continually improve our service. Please fill out the form below and fax a copy back to **03 377 3425**. We welcome your comments on our levels of service.

COMPANY: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PLEASE RATE US ON THE QUESTIONS BELOW. (Please feel free to leave comments)

RATINGS: 1 = Extremely unsatisfactory 5 = Outstanding service (Please circle)

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. How satisfied are you with the service you received?           | 1 | 2 | 3 | 4 | 5 |
| 2. How satisfied are you with our company overall?                | 1 | 2 | 3 | 4 | 5 |
| 3. How likely are you to recommend our product/service to others? | 1 | 2 | 3 | 4 | 5 |
| 4. Did you find your Account Manager knowledgeable and efficient? | 1 | 2 | 3 | 4 | 5 |
| 5. Was there clear communication throughout the job?              | 1 | 2 | 3 | 4 | 5 |
| 6. Was the response time what you were advised or expected?       | 1 | 2 | 3 | 4 | 5 |

In which areas do you think we excelled: \_\_\_\_\_

\_\_\_\_\_

Do you feel that there are any areas that we could improve on: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

*On behalf of the Vision Systems team, thank you.  
Your response is much appreciated.*