

## Client Satisfaction Questionnaire

Please help us to improve our service by answering some questions about the services you have received. We are interested in your honest opinion, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions.

We appreciate your cooperation for giving us an opportunity to improve our performance and to achieve your satisfaction.

Kindly tick ☒ the appropriate option out of the given choices:

	Excellent	Good	Satisfactory	Poor
1. How do you rate the response of LSCM Dept. to your material requisitions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How do you rate the performance of LSCM Dept. on your transportation requests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How do you rate the performance of LSCM Dept. in following up weekly updated list of outstanding orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How do you rate the timely deliveries regarding material/equipment request forwarded by you to LSCM Dept.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How do you rate the Expediting Services being provided by LSCM Dept.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How do you rate the help/support you receive from LSCM Dept.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How do you rate the impact on your Project from services being provided by LSCM Dept.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How do you rate the overall performance of LSCM Dept.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Kindly give your suggestions / recommendations how we can improve our performance.

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10. Kindly tell us how we can serve you better.

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Signature

Project /Department

Name & Designation

Date