

WeTip Customer Service Evaluation/Survey

Company Name _____ Contact Name _____

Company Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Cell _____

Number of Locations _____ FAX _____ Website _____

Who is your WeTip Contact/Liaison? _____

How Long Have you been a WeTip Member? _____

Have you received training from WeTip? _____ Estimate the number of WeTip Training Sessions _____

Who Were your WeTip Presenter(s)? _____ How would you rate your training 5 4 3 2 1
Excellent good average below failed

Have you received materials from WeTip? _____ Has the literature you received been helpful? _____

Have you required or received specific crime flyers when a crime has occurred? _____

Have you accessed the WeTip Website at www.wetip.com? _____

Is your company website linked to the WeTip website? _____ Would you like to be linked? _____

Have you had a crime posting on the WeTip website? _____

How would you rate the service that you have received from WeTip? _____

How would you rate the "Tip" Procedure? _____

Please give us suggestions so that we can improve the WeTip Service for you _____

Please fax this form back to Susan Aguilar, WeTip Inc. 909 987-2477 . If you have questions or you need information please call 909 987-5005 ext 249 or call your WeTip Representative at their designated ext.