

<b>DIP DOO NOVI SAD</b>	<b>Questionnaire on customer satisfaction assessment</b>	<b>Code : PZ-07.08</b>
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Dear business Partners and our Customers,

In order to promote mutual cooperation and the creation of partnerships and improving the efficiency of the quality system, please circle the the appropriate field (your score) in the form below to enter rating from 1 to 5, choosing a score that represents the degree of your satisfaction and the degree of the importance of the question.

**GENERAL DATA OF YOUR COMPANY**

NAME AND ADDRESS OF COMPANY:

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**CONTACT PERSON**

Name and surname:	Position	Phone/mobile phone

**QUESTIONNAIRE**

**Your satisfaction level**

Excellent	Quite good	Good	Poor	Bad
5	4	3	2	1

	QUESTIONS	Satisfaction level					Importance of question (√)		
		5	4	3	2	1	Not important	important	Very important
1.	Rate the quality of our products								
2.	Rate the ability of our staff about the information You get from them for our products								
3.	Rate our promptness and cooperativeness								
4.	Rate product packaging and design								
5.	Rate product identification/ labeling								
6.	Rate the accompanying documents								
7.	Rate the efficiency in meeting Your requirements in terms of deadlines								
8.	Rate the way of resolving your complaints								
Your any additional comments, suggestions or tips									

Please help us by being objective, and return the fulfilled questionnaire by mail: [founry@dip.rs](mailto:founry@dip.rs)

**YOUR SINCERELY**

**COMMERCIAL DIRECTOR  
MIROSLAVA JOVANOVIĆ**