

REMOVEX

Quality Control

Client ID

First name

Last name

Date

In order to continue to improve our standards of service, would appreciate your feedback to evaluate how best we can offer you the very best service to meet your needs. Simply complete this questionnaire on completion of your removal. Thank you for your comments.

How would you rate the following?

	Very Poor	Poor	Average	Good	Excellent
OFFICE STAFF Was your initial enquiry dealt with efficiency and knowledge					
In preparing for your move, how did we handle your concerns and queries?					
SALES STAFF Was our representative helpful during our on site visit (if applicable)					
Professionalism of sales consultant handling your booking					
REMOVAL STAFF Punctuality of crew					
Efficiency and care taken in handling your goods					
Politeness and helpfulness of crew					
Appearance of crew					

How would you describe THE REMOVEX SERVICE OVERALL ?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

Would you use our services again or recommend us?

YES

NO

ADDITIONAL COMMENTS REGARDING OUR SERVICE

Name:

Signature:

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