

## CUSTOMER FEEDBACK

Thank you for choosing Fisher Engineering. In order to serve you better, we ask that you take a moment to fill out this questionnaire. Once completed please email or fax it back at (905) 475-7718.

Your personal contact information is OPTIONAL:

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How would you rate the following? (Please choose one. Comments on the following page.)

	Excellent	Good	Average	Fair	Poor
1. Did your initial contact or project manager answer all your questions prior to project startup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was your project manager promptly available to you throughout the project (e.g. updates, questions...)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If there was additional work requiring extra charges, was this satisfactorily discussed prior to commencement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the work completed to your expectation in regards to minimal disruption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the project completed in the expected timeframe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How did we meet your project cost expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was your overall experience personal and friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall, did we fulfil your project requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How do we compare to other providers (if applicable)? Please expand in comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TESTIMONIAL (optional but appreciated):

If you were happy with our service, please consider writing a testimonial for our marketing purposes.

By filling this out **you agree that we may use your testimony publicly** within the context of Fisher Engineering services

You agree that we may use your: \_\_\_\_\_ Your Testimonial: \_\_\_\_\_

Name (above)? Y  N   
 Company (above)? Y  N   
 Project Location? Y  N   
 Photographs? Y  N



## COMMENTS:

Please use the space provided below for any further comments or suggestions.

We appreciate your elaboration if you found any rating *below good*. We are happy to chat with you about any issues if you provide us with your personal contact information above. Thank you for your time.