



CLIENT SATISFACTION QUESTIONNAIRE

Thank you for taking the time to complete this questionnaire. Once completed, kindly click on the 'Submit' button on the bottom of the 2nd page.

CSM Division: Please click on the relevant CSM division/s appointed by you, to be evaluated further in this questionnaire*:

Architecture	Civil Engineering	Construction Monitoring	Electrical Engineering	Project Management	Quantity Survey	Structural Engineering
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CSM Office: Please click on the relevant CSM office where the project is being administered from*:

Somerset West	George	Hermanus	Pietermaritzburg	Welkom
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Name of Client:

CSM Project No:

Project Name*:

Date*:

1) LEVEL OF SERVICE RECEIVED FROM CSM ADMINISTRATION STAFF GENERALLY INCLUDING RECEPTION, TELEPHONIST AND SECRETARY

Please tick the relevant box below:

Unacceptable	Below average	Average	Above average	Outstanding
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2) LEVEL OF PROFESSIONAL AND TECHNICAL COMPETENCE & EXPERTISE DISPLAYED BY THE PROJECT LEADER

Please tick the relevant box below:

Unacceptable	Below average	Average	Above average	Outstanding
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3) PRESENTATION LEVEL AND ADEQUACY OF DOCUMENTATION PRESENTED TO YOU, e.g. technical and progress reports

Please tick the relevant box below:

Unacceptable	Below average	Average	Above average	Outstanding
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4) ADEQUACY OF COMMUNICATION BETWEEN THE PROJECT LEADER AND YOURSELF, i.e correspondence, meetings, verbal.

Please tick the relevant box below:

Unacceptable	Below average	Average	Above average	Outstanding
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5) ADEQUACY OF MEETING DELIVERY OBJECTIVES, i.e. agreed costs and delivery times

Please tick the relevant box below:

Unacceptable	Below average	Average	Above average	Outstanding
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6) LEVEL OF PRO-ACTIVE ADVISE GIVEN BY PROJECT LEADER IN TERMS OF POTENTIAL PROJECT RISKS

Please tick the relevant box below:

Unacceptable	Below average	Average	Above average	Outstanding
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7) ADEQUACY OF MEETING THE SERVICE/PRODUCT SPECIFICATIONS & REQUIREMENTS AS STATED IN THE SCOPE OF WORKS

Please tick the relevant box below:

Unacceptable	Below average	Average	Above average	Outstanding
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8) HOW DO YOU RATE CSM'S SERVICE IN COMPARISON TO OTHER COMPANIES WHICH OFFER THE SAME SERVICES?

Please tick the relevant box below:

Much lower quality	Somewhat lower quality	The same	Somewhat higher quality	Much higher quality
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9) HOW LIKELY ARE YOU TO CONTINUE USING OUR SERVICES IN THE FUTURE?

Please tick the relevant box below:

Never again	Less likely	Undecided	More than likely	Most definitely
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ADDITIONAL COMMENTS:

As our client, we value your feedback. We therefore encourage you to elaborate and share any further comments, complaints and/or recommendations in support of your evaluation ratings provided which can assist us in improving your satisfaction.

FOR CSM OFFICE USE ONLY – *Comments and proposed Corrective Action, if any, on this assessment performed:*

CLICK HERE TO SUBMIT FORM

We sincerely thank you for your time and cooperation.