



Customer Feedback Survey

This Survey consists of three short sections;

Section 1 asks you about your recently purchased product and your satisfaction with it.

Section 2 focuses on our Customer Service representatives and the quality of your interaction with them.

Section 3 is about us as a company, and your opinion on how well we serve the market.

Please complete using Adobe Fill and Sign, and return by email to madi@amtek.net.au for review. We thank you for your time.

What was the most recent service provided by Amtek?	<input type="checkbox"/> Wheelchair or Disability Access Modifications <input type="checkbox"/> Ambulance or Patient Transport Vehicle Conversion <input type="checkbox"/> Specialised Vehicle Conversion <input type="checkbox"/> Service or Repairs <input type="checkbox"/> Supply or Parts and/or equipment <input type="checkbox"/> Other:		
Please provide us with some more specific details about works provided by Amtek (Optional)			
What was the main factor for you when considering works provided by Amtek	<input type="checkbox"/> Design <input type="checkbox"/> Features <input type="checkbox"/> Price <input type="checkbox"/> Other:		
How often do you use the goods provided by Amtek	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> I don't use it		
How would you rate its overall quality?	 Poor High	How would you rate its performance?	 Poor High
How would you rate its design?	 Poor High	Overall, how happy are you with your product?	 Not at all Very
Can you tell us why you rated us as you have above?			
In your most recent Customer Service experience, how did you contact us?	<input type="checkbox"/> In person <input type="checkbox"/> Via Phone <input type="checkbox"/> Via Email/ Website		
How quick were our representatives in getting back to you?	 Slow Fast	How eager were they to help you?	 Not at all Very
Overall, how satisfied were you with your Customer Service Experience?	 Not at all Very		
Can you tell us why you rated us as you have above?			





How well do you feel we understood your needs?	★ ★ ★ ★ ★ Not at all Very	How well does our product meet your needs and expectations?	★ ★ ★ ★ ★ Not at all Very
How likely are you to recommend Amtek to a friend or colleague?	★ ★ ★ ★ ★ Not at all Very		