



QUALITY SURVEY FORM

To:	
Service Provided:	

This survey form has been developed to enable you to provide feedback on the service we recently provided to you and your organisation.

Please take the time to complete it and return it by faxing it to (07) 4775 4024 or return in the stamped self addressed envelope. Your response will enable us to gauge if our support to you was consistent with your requirements and will assist us in improving our services and relationship with our current and future clients.

1. How did you come to use Advance Profitplan?
 - Yellow Page Advertisement
 - Newspaper Advertisement
 - Recommended by friend / acquaintance / business colleague
 - Other (Please List)

2. Did you find our staff helpful? Yes No
 If no, please feel free to tell us why

3. Were / did the fees charged represent a fair and equitable price? Yes No
 If no, please feel free to tell us why.....

4. Were you satisfied with our standard of work including:

• Quality of Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Standard of Presentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Standard of Printing / Copying	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Were your requirements met	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Others, please list		
.....		
.....		

5. Were staff attitudes easily interpreted as being:
- Pleasant Yes No
 - Aggressive Yes No
 - Supportive Yes No
 - Cheerful Yes No
 - Condescending Yes No
 - Others, please list
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6. Did you feel comfortable when you contacted us? Yes No
 If no, please feel free to tell us why
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7. Did you have difficulty in finding us? Yes No
 If yes, please feel free to tell us why
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8. Would you:
- Use our services again? Yes No
 - Recommend us to an acquaintance? Yes No
 - Let us use your name in our Marketing? Yes No
 - Contact us again for further advice? Yes No
 - Provide us with a written testimonial? Yes No

9. Could you please offer any other comments in relation to improving our service in general and the service we specifically provided to you.
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10. Would you be interested in any of the following services now or in the future:
- Periodic contact for possible future work: Phone Other Yes No
 - Auditing: Internal Compliance Safety Quality
 Environmental Food Safety Human Resources
 - Specific Training: Safety Quality Risk
 Compliance Industrial Relations
 - Ongoing advice / support:
 - For a set number of hours and fee
 - As required
- Subject: Safety Industrial Relations Legislation Risk

Thankyou, for taking the time to respond to our request for feedback. Your response will help us shape our future role in supporting organisations / firms such as yours with the view to delivering a quality product.

It would also be appreciated if you could append your name, address and Business name to this letter. This will allow us to identify you, as any negative reactions will evoke a response.

NAME	ADDRESS	PHONE NO.	BUSINESS NAME

Yours sincerely,



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