# aNNEXURE C: CUSTOMER REFEREnce and SERVICE SATisfaction Survey

**This document serves as reference referral and a service satisfaction survey for Adult Basic Education services rendered by company ……………………………………………………………………………………………….**

**Section A:**

**REFERENCE COMPANY WHO RECEIVED THE SERVICE:**

Company Name: ……………………………………………………………………………………………………………………...........

Company Address: …………………………………………………………………………………………………………………...........

Service/Contract Period: …Start date: ………………………………………………End Date………………………………………..

Company Representative’s Name: ……………………………………………………………………………………………………….

Representative’s Designation: ……………………………………………………………………………………………………………

Representative’s Contact Number: ………………………………………………………………………………………………………

Representative’s Email Address: …………………………………………………………………………………………………………

Brief description of the service rendered …………………………………………………………….

…………………………..………………………………………………………………………………………….....................................

…………………………………………………………………………………………………………………….......................................

**Please tick only ONE option.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item****No:** | **Criteria** | **Good** | **Average** | **Poor** | **Comments** |
| 1 | Turnaround times |  |  |  |  |
| 2 | Quality of service rendered |  |  |  |  |
| 3 | Customer satisfaction |  |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**