

**At INFINET, our mission is to provide quality and professional IT service and support to you. Your feedback is essential to us in maintaining our uncompromising standards. We would appreciate if you would take a few minutes and answer these questions regarding your experience. As a part of our ongoing commitment to quality, we will use your feedback to improve our services and measure the performance of our technical staff. All comments are confidential and will ONLY be reviewed by Infinet Systems Management. Please return the survey to FAX # 510-887-6800. Thank you very much.**

Your Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

Contact: \_\_\_\_\_

Technician's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Was the Technician:	Please circle one				
	Poor ←		Average		→ Excellent
Knowledgeable _____	1	2	3	4	5
Efficient _____	1	2	3	4	5
Friendly _____	1	2	3	4	5
Professional _____	1	2	3	4	5

Was the work performed in a timely manner? (YES) (NO) If NO, please explain \_\_\_\_\_

Was the Technician on time? (YES) (NO) If no, please answer the next question -

If NO, were you notified prior to expected arrival time? (YES) (NO)

Did the Technician explain the work performed to your satisfaction? (YES) (NO) If NO, please elaborate \_\_\_\_\_

Did the Technician provide in writing, suggestions for possible improvements? (YES) (NO)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## When calling Infinet Systems:

Was the Operator / Technician:	Please circle one				
	Poor ←		Average		→ Excellent
Knowledgeable _____	1	2	3	4	5
Efficient _____	1	2	3	4	5
Friendly _____	1	2	3	4	5
Professional _____	1	2	3	4	5

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Suggestions for improvement: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_