



## CUSTOMER ASSESSMENT REPORT

Filled by Customer Representative
  Filled by Vasu Representative ( Please mark  )

Name of the Customer : \_\_\_\_\_ Date of visit : \_\_\_\_\_

And Address : \_\_\_\_\_

Customer/Vasu Representative : \_\_\_\_\_ Designation : \_\_\_\_\_

Feedback Report (FR)							
Sr. No.	Attributes	Tick Any One					For score $\leq 3$ please explain why
<b>A PRODUCT QUALITY/DELIVERY</b>							
1	Comprehensive Product line	1	2	3	4	5	
2	Quality Products	1	2	3	4	5	
3	Logistics and Delivery systems meets our needs	1	2	3	4	5	
<b>B VASU TECHNICAL SERVICES</b>							
1	Personnel are Proactive and Respond quickly	1	2	3	4	5	
2	Utilizes a sound Problem -Solving Methodology	1	2	3	4	5	
3	Feedback on the benefits on use of Vasu Treatment	1	2	3	4	5	
4	Personnel understand our Systems and Processes	1	2	3	4	5	
<b>C ACCURACY AND TIMELY RECEIPT OF DOCUMENTS</b>							
1	Reporting schedules satisfies our needs	1	2	3	4	5	
2	Correspondence is responded promptly	1	2	3	4	5	
3	Complaints are resolved in a timely manner	1	2	3	4	5	
<b>D RESOURCES</b>							
1	Dosing/Monitoring equipment meet requirements	1	2	3	4	5	
2	Technical Back-up Service	1	2	3	4	5	
<b>E SATISFACTION</b>							
1	I am satisfied with overall performance and services of Vasu and would recommend Vasu to an associate or peer	1	2	3	4	5	
<b>Key :</b> 1 - Poor            2 - Unsatisfactory            3 - Satisfactory            4 - Good            5 - Excellent							

Additional comments (if any) :

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( To be filled by Vasu Representative only)

Name of Vasu Representative: \_\_\_\_\_ Designation : \_\_\_\_\_ Date : \_\_\_\_\_

Scope for Improvement :

\_\_\_\_\_  
\_\_\_\_\_

Signature of  
Vasu Representative : \_\_\_\_\_ Manager : \_\_\_\_\_ Vice President : \_\_\_\_\_

CE/Jt.CE : \_\_\_\_\_ (Forward this form to MR / Jt. MR)

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(To be filled by Vasu Management Representative if any score is  $\leq 3$ )

Name of MR/Jt.MR: \_\_\_\_\_ Date : \_\_\_\_\_

Sr. No. in FR												
Registered as												

Signature : \_\_\_\_\_