



## Purchasers and Prescribers OR Client Home / Showroom

Watercomfort Company would appreciate your participation in scoring our performance.  
 This survey may be used to assist in complying with contracts.

### Please indicate each of the following applicable to your services

DVA / NDIS / ICare / HealthShare Contract - Delivery and Installation, Repair/Service to client's home / facility

Other Delivery, and or Delivery & Installation, Repair/Service to client's home / facility

Delivery to facility, hospital or business premises

Handling of Warranty Issues

I am a professional healthcare worker **OR If a client** - state Showroom or Home beside Name

NAME

**SURVEY DATE**      /      /

- 1. Poor
- 2. Satisfactory
- 3. Good
- 4. Very Good
- 5. Excellent

1. Range of products available .....	1	2	3	4	5
2. Customer service via phone / fax / email - order assistance.....	1	2	3	4	5
3. Delivery service.....	1	2	3	4	5
4. Delivery time frame.....	1	2	3	4	5
5. Correct product.....	1	2	3	4	5
6. Documentation of received delivery (phone/fax/email).....	1	2	3	4	5
7. Non delivery notification eg. home client refuses to use equipment ....	1	2	3	4	5
8. Loan of equipment if equipment taken for service .....	1	2	3	4	5

### COMMENTS