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| --- | --- |
| **Company Name** |  |
| **On behalf of the Company; Revision by** | Name - Surname | Signature  |
| **Date** |  | **Date of Service** |  |
| **Project Number /****Job Number** |  |

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| 1. **Evaluating TUV AUSTRIA's Services**
 | **Satisfaction Rating** |
| **Questions**  | **Very bad****1** | **Weak****2** | **Intermediate****3** | **Good****4** | **Very good****5** |
| Do you think the quality of the services provided by TÜV AUSTRIA is adequate? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Are you satisfied with the variety of coverage offered by TÜV AUSTRIA? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Was the service performed within the agreed time frame? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Can you easily reach the TÜV AUSTRIA staff? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| At the end of the service, were reports, certificates etc. delivered in full and without delay? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Do you think that documents (Catalogue, certificate, report etc.) prepared by TÜV AUSTRIA **are sufficient?** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| How do you evaluate the payment terms? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **What's your overall satisfaction with working with TÜV AUSTRIA?** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Considering your relationship with TÜV AUSTRIA, to what extent would you recommend working with TÜV AUSTRIA? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| To what extent do you think you did a good job by working with TÜV AUSTRIA, compared to working with other companies in the same field? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| What is the level of your tendency to continue working with TÜV AUSTRIA hereafter? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| 1. **Personnel Assessment**
 | **Degree of Satisfaction**  |
| **Questions**  | **Very bad****1** | **Weak****2** | **Intermediate****3** | **Good****4** | **Very good****5** |
| What do you think about the competence and qualification of TÜV AUSTRIA staff? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| What is your degree of overall satisfaction for the TÜV AUSTRIA staff? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| How would you assess informing level of the company about developments, innovations, changes? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Did TÜV AUSTRIA staff, complying with your company rules, use the necessary Personal Protective Equipment during certification / testing / inspection? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| How did you find the attitude, behaviour and communication of TÜV AUSTRIA staff during the service? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. **Conflict of Interest**
 | **Assessment** |
| **Questions** | **0** | **5** |
| Did the staff get out of service plan? | [ ]  Yes | [ ]  No |
| Did TÜV AUSTRIA staff exhibited attitudes and behaviours that are contrary to Code of Compliance and Ethics rules (impartiality, confidentiality, ...)? | [ ]  Yes | [ ]  No |
| Did TÜV AUSTRIA staff deviate from purpose of service and get into other issues (such as political, religious, private issues)? | [ ]  Yes | [ ]  No |
| Do you think the service provided by TÜV AUSTRIA contributed to your system? | [ ]  No  | [ ]  Yes |

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| **TUV AUSTRIA Sourced Complaints** |
| **Please detail your complaint** |  |
| **Please detail your complaint regarding decisions taken by TÜV AUSTRIA**  |  |
| **Please share your overall opinions and specify fields you recommend us to improve** |  |

Thank you on behalf of TÜV AUSTRIA for filling out the form. You may send the form after you fill it out by courier or scan and e-mail it to ifturkey@tuv.at.

This form can be filled out by you as well as being filled out by TÜV AUSTRIA staff upon talking to you by phone and e-mail.

Please take care to fill out the form completely.

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| **TUV AUSTRIA staff who filled out the form** |  |
| **Date** |  | **Signature** |  |
| **Assessment**  | **Part 1:** |  | **Part 2:** |  | **Part 3:** |  |
| **Total Score** |  |
| **Assessment** |  |