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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | | |

|  |  |
| --- | --- |
| **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](mailto: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.

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