



## QUALITY SURVEY FORM

|                          |  |
|--------------------------|--|
| <b>To:</b>               |  |
| <b>Service Provided:</b> |  |

This survey form has been developed to enable you to provide feedback on the service we recently provided to you and your organisation.

Please take the time to complete it and return it by faxing it to (07) 4775 4024 or return in the stamped self addressed envelope. Your response will enable us to gauge if our support to you was consistent with your requirements and will assist us in improving our services and relationship with our current and future clients.

1. How did you come to use Advance Profitplan?
  - Yellow Page Advertisement
  - Newspaper Advertisement
  - Recommended by friend / acquaintance / business colleague
  - Other (Please List) .....
  
2. Did you find our staff helpful?  Yes     No  
 If no, please feel free to tell us why .....  
 .....
  
3. Were / did the fees charged represent a fair and equitable price?  Yes     No  
 If no, please feel free to tell us why.....  
 .....
  
4. Were you satisfied with our standard of work including:
 

|                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| • Quality of Service             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Standard of Presentation       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Standard of Printing / Copying | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Were your requirements met     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Others, please list .....      |                              |                             |
| .....                            |                              |                             |
| .....                            |                              |                             |

5. Were staff attitudes easily interpreted as being:
- Pleasant  Yes  No
  - Aggressive  Yes  No
  - Supportive  Yes  No
  - Cheerful  Yes  No
  - Condescending  Yes  No
  - Others, please list .....
- .....

6. Did you feel comfortable when you contacted us?  Yes  No  
 If no, please feel free to tell us why .....
- .....

7. Did you have difficulty in finding us?  Yes  No  
 If yes, please feel free to tell us why .....
- .....

8. Would you:
- Use our services again?  Yes  No
  - Recommend us to an acquaintance?  Yes  No
  - Let us use your name in our Marketing?  Yes  No
  - Contact us again for further advice?  Yes  No
  - Provide us with a written testimonial?  Yes  No

9. Could you please offer any other comments in relation to improving our service in general and the service we specifically provided to you.
- .....
- .....
- .....

10. Would you be interested in any of the following services now or in the future:
- Periodic contact for possible future work:  Phone  Other  Yes  No
  - Auditing:  Internal  Compliance  Safety  Quality  
 Environmental  Food Safety  Human Resources
  - Specific Training:  Safety  Quality  Risk  
 Compliance  Industrial Relations
  - Ongoing advice / support:
    - For a set number of hours and fee
    - As required
- Subject:  Safety  Industrial Relations  Legislation  Risk

Thankyou, for taking the time to respond to our request for feedback. Your response will help us shape our future role in supporting organisations / firms such as yours with the view to delivering a quality product.

It would also be appreciated if you could append your name, address and Business name to this letter. This will allow us to identify you, as any negative reactions will evoke a response.

| NAME | ADDRESS | PHONE NO. | BUSINESS NAME |
|------|---------|-----------|---------------|
|      |         |           |               |

Yours sincerely,



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