



Customer Satisfaction Questionnaire

Company Name: _____
 Address: _____
 Tel.: _____ Fax.: _____
 Email: _____

DAICO Corporate Quality Statement

DAICO Industries recognizes its responsibilities as a manufacturer to comply with all contractual provisions and governing regulatory specifications requirements. DAICO Industries has developed a comprehensive Quality Management System. This management system establishes controls throughout the entire manufacturing cycle -- from proposals and bids to end-item delivery. It also assures meeting quality objectives and minimizes the possibility of compromises which could affect product quality and reliability. The Quality Management System is complete and responsive to all requirements of AS9100D and ISO 9001-2015.

Dear Customer,
 We intend to use your response to improve our management systems and our service to you. With your help, we desire to raise our own awareness of our customer's perception of the service we supply. Thank you for your time.

Please complete the form below and return to us for review and action as necessary. (enter a check mark into the desired box in each row, make sure to mark only 1 check mark in any one row)

	Quality Rating	Totally Satisfied 5	Satisfied 4	Neutral 3	Dissatisfied 2	Totally Dissatisfied 1
Overall						
	Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product						
	Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Delivery / Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service & Communications						
	Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Telephone Correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Written Correspondence & Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Literature and Web Site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks (How can we improve our service to you?) (optional)

Would you like to be contacted to discuss any concerns you may have? YES NO

Completed by: _____ Date: _____

<p>Customer Satisfaction Questionnaire AS9100D/ISO 9001-2015</p>	<p>Please send reply to: sales@daico.com</p>	<p><small>or mail to:</small> DAICO Industries, Inc. 1070 East 233rd Street Carson, CA 90745 Attention: Sales</p>
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