



To help us maintain and continually improve our quality and service levels, please take a few minutes to complete this questionnaire, and return by e-mail, fax or post. Thank you.

Customer Satisfaction Questionnaire					
<i>Customer</i>		<i>Contact</i>		<i>Completed by</i>	
				<i>Date completed/issued</i>	
No.	Satisfaction aspect	For each aspect, please indicate your rating of Micross Components (X)			
		<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
1	<i>Speed of response to your enquiry?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<i>Technical Support/Expertise?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<i>Product Repair Quality?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<i>Lead Time?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<i>Speed of response to problems?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<i>Clarity of documentation?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<i>Helpfulness/friendliness of staff?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<i>Overall level of service?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<i>How important is it to deal with an organisation that works to the following:</i> AS 9100 Quality Management ISO 14001 Env. Management OHSAS 18001 H&S Management Supply Chain 21 st Century	Very Important <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Important <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Some importance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No importance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Would you like more information on the following services (please select all applicable)?					
BGA Re-Balling <input type="checkbox"/> SMT Lead Alignment <input type="checkbox"/> Hi-Rel Lead Attachment/Replacement <input type="checkbox"/>					
PCB Reworking <input type="checkbox"/> Package Trim & Form <input type="checkbox"/> Automated Dipping & Solder Exchange <input type="checkbox"/>					
ASIC Design <input type="checkbox"/> Ceramic/Hermetic Packages <input type="checkbox"/> COB Assembly <input type="checkbox"/> Custom Device Packaging <input type="checkbox"/>					
Device Testing <input type="checkbox"/> Wafer Processing <input type="checkbox"/> COTS/PEMS Supply <input type="checkbox"/>					
<i>Micross Office use:</i>		<i>Micross Office use:</i>			
<i>Reviewed by</i>		<i>If applicable, Improvement Report No.</i>			
<i>Date</i>					

Please use separate sheet for any further comment. On completion, please return to:

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