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| Date: | **Customer satisfaction form of the complaints process** | Logo (Times New Roman).png |

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| **Complaint Tracking Code:** | **Complaint Date:** | **Complaint Matter:** | **The name of customer / organization:** |
| Explain if necessary | Very poor (1) | Poor (3) | Average (5) | Good (7) | Excellent (9) | **Description of issue** | **No.** |
|  |  |  |  |  |  | Appropriate information to clients about possible ccomplaints | **1** |
|  |  |  |  |  |  | The availability of communication channels for complaint (telephone, fax, mail, email, etc.) | **2** |
|  |  |  |  |  |  | The existence of an active and effective mechanism for receiving continual complaints | **3** |
|  |  |  |  |  |  | Personnel dealing (Complaints Unit) with customers | **4** |
|  |  |  |  |  |  | How to respond to secret complaints and not to disclose the customer's information  | **5** |
|  |  |  |  |  |  | Pace of handling and responding to complaints  | **6** |
|  |  |  |  |  |  | Fair and impartial mechanism toward Complaints and decisions  | **7** |
|  |  |  |  |  |  | Adherence rate of organization to their commitments about complaints  | **8** |

 If the score is less than 50, the organization is obliged to issue corrective action.

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| Additional Comments (if needed):Date, name and signature:  |

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