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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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