



**TERRITORY FIRE
SERVICE AND TRAINING**

Customer Feedback Form

Customer Organisation Name: _____

Service Description: (please tick all boxes that apply)

- Fire Equipment Installation Fire Equipment Servicing Purchase of Fire Equipment
- Training Fire Audit / Planning Emergency Evacuation Diagram Development
- Other: _____

Who provided you with your Service: _____

Please write your rating of our performance against the following question, using the rating scale shown.

- 1 = Poor 3 = Satisfactory 5 = Very Good
- 2 = Marginal 4 = Good 6 = Excellent

1. What is your level of satisfaction with our service? 1 2 3 4 5 6

Comments: _____

2. Was the service run completed within an acceptable time frame? YES NO

Comments: _____

3. Could you suggest any way in which we could have improved our service? YES NO

Comments: _____

Thank you for your time and valuable feedback. Date: ____/____/____

(Name of customer representative completing survey or providing information) Position/Title

Please return your completed form by fax or email.
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