



# Acanthus Technology, Inc.

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## Client Satisfaction Survey

Client Name:	Account #	Ref. #	Rep
Contact Person:	Client PO#	Service Date	Service Time

Acanthus Technology, Inc. is committed to providing exceptional customer service. To do that, we appreciate your comments. Please be so kind as to take a minute or two to provide valuable feedback by grading our recent service. All you need to do is mark the appropriate numbers, add any personal comments, and fax or mail this form back to us. We truly appreciate you for taking the time to provide us with this valuable feedback.

	Significantly Exceeded Expectations	Excellent	Good / Met Expectations	Fair	Poor	Significantly Below Expectations
<b>Pre-Appointment</b>						
Call or e-mail answered or returned in an acceptable amount of time .....	5	4	3	2	1	0
Call or e-mail handled in a professional and courteous manner.....	5	4	3	2	1	0
Ease of scheduling an appointment .....	5	4	3	2	1	0
Convenient appointment dates and times offered .....	5	4	3	2	1	0
If appointment was rescheduled, were you given adequate notice? .....	5	4	3	2	1	0

### Telephone or E-mail Support (if applicable)

Service professional contacted you when scheduled .....	5	4	3	2	1	0
Call or e-mail handled in a professional and courteous manner.....	5	4	3	2	1	0
Ease of communicating with the service professional .....	5	4	3	2	1	0
Service professional's listening skills .....	5	4	3	2	1	0
Ability of the professional to communicate at your skill level .....	5	4	3	2	1	0

### On-Site Support (if applicable)

Service professional arrived when scheduled.....	5	4	3	2	1	0
Professional was courteous and friendly .....	5	4	3	2	1	0
Professional appeared neat and well-groomed .....	5	4	3	2	1	0
Work area was left clean and orderly.....	5	4	3	2	1	0
Ease of communicating with the service professional .....	5	4	3	2	1	0
Service professional's listening skills .....	5	4	3	2	1	0
Ability of the professional to communicate at your skill level .....	5	4	3	2	1	0
Service professional appeared knowledgeable about your system .....	5	4	3	2	1	0

### Overall

Level of satisfaction with the resolution of the issue.....	5	4	3	2	1	0
Length of time required to resolve the issue .....	5	4	3	2	1	0
Value of service received for the price paid .....	5	4	3	2	1	0
Please rate the overall experience with our company .....	5	4	3	2	1	0
Likelihood you will recommend our company to others .....	5	4	3	2	1	0

### Comments

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May we reprint your comments on our web site and in marketing materials?  Yes  No

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**We appreciate your input! Please fax to (916) 675-1053 or mail to the office indicated at the top of this page.**