

Name of Client: _____

Address: _____

Product(s) purchased / installed:

- CCTV
- Access Control
- Alarm system
- 24 hour Monitoring
- Medical Alarm
- Other _____

Today's date: _____

QUESTIONS

1. Please rate the following in relation to your experience with Security 1 Solutions: (circle)

	Negative/poor			Positive/good
	1	2	3	4
Quality of products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quotation/price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to customise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After sales support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System training (user)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peace of mind offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology/innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

2. Which words would you use to describe your impressions of Security 1 Solutions?

- Knowledgeable
- Responsive
- Professional
- Progressive/innovative
- Approachable
- Flexible
- Technically competent
- High quality
- Other _____

3. What improvements could we have made in order for your experience to be more positive?

4. Would you recommend us to others?

- Yes
- No
- Maybe

Comments: _____

If yes, can you provide the name of any other businesses or individuals who you believe would benefit from our products and services?

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Thank you for your time.