

CUSTOMER SATISFACTION PERFORMA

Date:

1. Name of Customer :

2. Name of Colliery/ Siding :

Your Experience(s)		Tick in any column against each row		If NO, Please elaborate a little
		YES	NO	
1	Did our coal supplies meet your expectations?			
2	Were we able to supply you coal on time?			
3	Did our coal supplies appear to provide satisfaction?			
4	Did you feel comfortable and satisfied during interactions with us?			
5	Could our coal supplies serve your purpose?			
6	Any other observations, suggestions, etc. as you like.			

Reported By: Name

Designation

(Signature)