



CLIENT SATISFACTION SCORECARD

Our goal is to build valued, long-term relationships with our clients. To do that, we must continually measure and raise the bar on service. Please help us by providing candid feedback on your service experience.

Thank you for your time and for choosing LaPorte.

LaPorte.com



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- | | | |
|--|------------------------------|-----------------------------|
| Overall quality of service met expectations. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The level of planning was appropriate and timely. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The services LaPorte provided were delivered on time. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| LaPorte staff was responsive to our needs/questions. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| LaPorte staff was courteous and professional. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Technical issues were resolved to our satisfaction. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| LaPorte's recommendations were innovative and/or helpful. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Field work was performed with minimal disruption to our routine. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I would recommend LaPorte to others without hesitation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "No" to any of the questions above, please provide additional details.

During this engagement, did you experience any surprises or problems? Yes No

If yes, please indicate name(s) and reasons. _____

Does any member of your LaPorte service team deserve special recognition? Yes No

If yes, please indicate name(s) and reasons. _____

I would use LaPorte for this service again. Yes No

If no, please explain. _____

We are anxious to know what else LaPorte can do to help you and the ways we can improve our service to you. *Please let us know your thoughts.*

Contact Information

We encourage you to provide your contact information as it allows us to respond to your issues and to contact you for follow up.

We will not use your information to solicit work, and we will not share it with any other company.

Name: _____

Company: _____

Title: _____

Phone: (____) ____ - ____ Email: _____@_____

Referral Information

We are always grateful for referrals from our clients. If you know a person or company to whom we should introduce ourselves, please provide as much of the following information as you can.

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip : _____

Phone: (____) ____ - _____ Email: _____ @ _____