



External Customer Satisfaction Questionnaire (applied to users of services provided by “M-NAV”, jsc).

Customer/Organisation Name: _____ State _____

Customer phone/contact mailing address: _____

Please, answer questions that do apply to you or your Organisation:

Question:	Very Satisfied	Satisfied	Dissatisfied
1. How would you rate the quality of services provided by “M-NAV”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How satisfied are you with your cooperation with “M-NAV”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has “M-NAV” met your needs and expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How satisfied are you with the quality of “M-NAV” services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How satisfied are you with the treatment when interacting (contacting) with “M-NAV” employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How satisfied are you with the competence of our employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How satisfied are you with the way “M-NAV” deals with your complaints (if any)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you need any other services or performances that “M-NAV” is not currently providing to you?	Yes No Brief description:		

Please list any additional comment/suggestion/remark:

Date _____

Name and Signature _____