



Seveys Boatyard Inc
 6510 Glen Cove Road
 Moravia, NY
 13118-2255
 USA
 Phone: 315-496-2092 Fax: 801-730-3974
 www.seveys.com

CUSTOMER SATISFACTION Survey/Feedback

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Date: _____

Customer Name: _____

Address: _____

State/Province: _____

Zip/Postal Code: _____

Respondent's

Name: _____

Position: _____

Phone: _____

Please list current products / services we've provided:

How can we improve the delivery of the products / services we provide you?

What are your impressions of the products / services we provide you?

How do you perceive us with respect to our competitors?

What is your perception of the pricing for the products / services we provide you?

In what ways should we improve our products / services, our marketing, or our delivery to you?

How can we improve the quality of the products / services we provide you?

Any thoughts you'd like to share with our organization on how we can serve you better: