



## SERVICE IMPROVEMENT FORM – OUTBOUND

Shipper : Account/Company :  
Job Number : Salesperson :  
Packing Date : Supervisor :  
Destination : Coordinator :  
Delivery Agent : Booking Agent :

### Performance Evaluation Of Services

1 - unacceptable    2 - less than expected    3 - satisfied    4 - better than expected    5 - excellent

Evaluate our services		Rating
1.	Ease of scheduling survey appointment	
2.	Promptness in returning your calls	
3.	Performance of our Move Consultant at your residence	
4.	How well we answered your questions and concerns regarding	
	a. Packing procedures	
	b. Customs information at your new destination	
	c. Transit Risk Management (policy through K. C. Dat)	
	d. Shipment details / Transit time	
5.	Packing crew performance	
	a. Punctuality	
	b. Supervisor courteous and helpful	
	c. Organized and efficient	
	d. Appearance of packing crew	
	e. Cleanliness of work area	
	f. Perceived packing quality	
6.	How well we kept you informed of the status of your move	
7.	Our level of personal care and concern about your move	

**Other Comments** (please indicate notable performers by name, if possible):


Would you recommend our services based on your experience?    Yes     No

Would you allow your comments to be published?    Yes     No

Signature : \_\_\_\_\_

Date : \_\_\_\_\_