

## Customer Service Representatives Survey

In preparation for our upcoming department-wide meeting and goal setting for next year, the V.P. of Customer Service and I would like to get some input on types of Customer Service Training you are interested in. Please fill out (or type) your answers to the questions and return to your immediate supervisor by Friday. We'll summarize the responses and update you on the results and how we can meet your training needs.

Thanks  
Lori, CS Manager

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### 1 How do you think XYZ CORP customers will answer the following question:

How would you rate our company in terms of giving exceptional customer service to customers?

- |                                       |                                      |                                      |
|---------------------------------------|--------------------------------------|--------------------------------------|
| 1 <input type="checkbox"/> Don't Know | 2 <input type="checkbox"/> Poor      | 3 <input type="checkbox"/> Fair      |
| 4 <input type="checkbox"/> Good       | 5 <input type="checkbox"/> Very Good | 6 <input type="checkbox"/> Excellent |

### 2 How do you think XYZ CORP customers will answer the following question:

How would you rate our company in terms of having knowledgeable customer service reps?

- |                                       |                                      |                                      |
|---------------------------------------|--------------------------------------|--------------------------------------|
| 1 <input type="checkbox"/> Don't Know | 2 <input type="checkbox"/> Poor      | 3 <input type="checkbox"/> Fair      |
| 4 <input type="checkbox"/> Good       | 5 <input type="checkbox"/> Very Good | 6 <input type="checkbox"/> Excellent |

### 3 How do you think XYZ CORP customers will answer the following question:

How would you rate our company in terms of having polite and friendly customer service reps?

- |                                       |                                      |                                      |
|---------------------------------------|--------------------------------------|--------------------------------------|
| 1 <input type="checkbox"/> Don't Know | 2 <input type="checkbox"/> Poor      | 3 <input type="checkbox"/> Fair      |
| 4 <input type="checkbox"/> Good       | 5 <input type="checkbox"/> Very Good | 6 <input type="checkbox"/> Excellent |

### 4 What do you think makes XYZ CORP's Customer Service unique?

### 5 How interested are you in attending some form of Customer Service training?

- |                                      |                                    |  |
|--------------------------------------|------------------------------------|--|
| 1 <input type="checkbox"/> No thanks | 2 <input type="checkbox"/> Neutral | 3 <input type="checkbox"/> Very Interested |
|--------------------------------------|------------------------------------|--|

### 6 Are you interested in helping develop a custom training program for XYZ CORP?

- |                               |                                |
|-------------------------------|--------------------------------|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes |
|-------------------------------|--------------------------------|



7 What new tools or skills do you need to do your job better?

8 What areas of Customer Service are you interested in learning about? Check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Greeting Customers                 | <input type="checkbox"/> Making Friendly Gestures         |
| <input type="checkbox"/> XYZ CORP Product Knowledge         | <input type="checkbox"/> Active Listening Skills          |
| <input type="checkbox"/> Explaining policies and Procedures | <input type="checkbox"/> Handling Common Problems         |
| <input type="checkbox"/> Communication Skills               | <input type="checkbox"/> Returns and Exchanges            |
| <input type="checkbox"/> Call Accuracy                      | <input type="checkbox"/> Tone of Voice                    |
| <input type="checkbox"/> Solving Customer's Problems        | <input type="checkbox"/> Closing the Call                 |
| <input type="checkbox"/> Caring Responses to Customers      | <input type="checkbox"/> Creating Raving Fans of XYZ CORP |
| <input type="checkbox"/> Words to Use, Words to Avoid       | <input type="checkbox"/> How Customers "Hook" Us          |
| <input type="checkbox"/> Handling Difficult Customers       | <input type="checkbox"/> Offering Options                 |
| <input type="checkbox"/> Common Barriers to Good Service    | <input type="checkbox"/> Practicing Empathy               |
| <input type="checkbox"/> Other:                             | <input type="checkbox"/> Other:                           |
| <input type="checkbox"/> Other:                             | <input type="checkbox"/> Other:                           |

9 Please number your TOP 3 areas of interest in Customer Service Training:

- |   |   |
|---|---|
| <input type="checkbox"/> Greeting Customers                 | <input type="checkbox"/> Making Friendly Gestures         |
| <input type="checkbox"/> XYZ CORP Product Knowledge         | <input type="checkbox"/> Active Listening Skills          |
| <input type="checkbox"/> Explaining policies and Procedures | <input type="checkbox"/> Handling Common Problems         |
| <input type="checkbox"/> Communication Skills               | <input type="checkbox"/> Returns and Exchanges            |
| <input type="checkbox"/> Call Accuracy                      | <input type="checkbox"/> Tone of Voice                    |
| <input type="checkbox"/> Solving Customer's Problems        | <input type="checkbox"/> Closing the Call                 |
| <input type="checkbox"/> Caring Responses to Customers      | <input type="checkbox"/> Creating Raving Fans of XYZ CORP |
| <input type="checkbox"/> Words to Use, Words to Avoid       | <input type="checkbox"/> How Customers "Hook" Us          |
| <input type="checkbox"/> Handling Difficult Customers       | <input type="checkbox"/> Offering Options                 |
| <input type="checkbox"/> Common Barriers to Good Service    | <input type="checkbox"/> Practicing Empathy               |
| <input type="checkbox"/> Other:                             | <input type="checkbox"/> Other:                           |
| <input type="checkbox"/> Other:                             | <input type="checkbox"/> Other:                           |

10 How much time are you willing to spend in training per week or per month?

11 When would be a good day and time to hold training sessions?

12 Please add any other comments:

**THANKS!**