



WORLD CERTIFICATION SERVICES CUSTOMER SURVEY

To help us to improve the quality and effectiveness of WCS's operations and service I would appreciate it if you could take a few moments to complete this questionnaire by ticking the boxes or writing in your comments in the space provided. You need not enter your name or organisation if you so wish. All information is confidential and will not be directly communicated to the auditor.

The form may either be returned by Email (feedback@world-cert.co.uk), fax or is available on the WCS website. Thank you for your help.

Auditors Name:	-----	Date of Audit:	-----			
Your name/organisation:	-----					
Please rank your perception of the following	RATING					
	1	2	3	4	5	NA
WCS's ability to meet your required date of audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was an audit plan supplied in advance of the audit	<input type="checkbox"/> YES / <input type="checkbox"/> NO					
WCS HQ response to queries, requests for information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity and relevance of the auditor's questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of any NCRs identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The auditor's understanding of the nature of your business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The auditor's understanding of your main processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The conduct of the auditor throughout the audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits or value-add resulting from the audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall satisfaction with the audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend WCS to other companies	<input type="checkbox"/> YES / <input type="checkbox"/> NO					
RATINGS: 1 – Very Poor, 2 – Poor, 3 – Satisfactory, 4 – Good 5 – Very Good						

Comments or Other Feedback: