

CUSTOMER SATISFACTION SURVEY

Dear Customer, the attention for quality has brought the Direzione Territoriale del Lavoro to consider very important to measure the customers satisfaction degree.

With this survey, we ask you to provide us your feedback on our services. We thank-you for your cooperation.

The informations acquired will help us to improve quality.

DATE

DATE								
SPECIFY THE DUTY ATTENDED (inspecto	or on duty	, protoco	l, teleph	none oper	ator, mat	ernity		
office, ecc.):								
Did you have previous experience with th	is Office?	□ Y€	<u>e</u> s	□ No				
Express a valuation by placing a cross on the boxes corresponding to the judgment, reminding thet index goes from 5 (excellent) to 0 (very bad)								
VALUATION	Excellent	Good	Suff.	Insuff.	Bad	Very bad		
About the service you have benefit:	5	4	3	2	1	0		
Only if you had experience with this duty: Are you satisfied about our means of communication (web site, fax, e-mail, PEC, telephone operator)?								
Only if you had experience with this duty: The efficiency of our telephone operator responds to your expectations?								
Does the quality of the reception you dealed with satisfy your needs?								

Excellent	Good	Suff.	Insuff.	Bad	Very bad
mprovemen	t of our se	ervice (op	otional):		

We inform you that this survey is anonymous to protect personal details, in compliance with D.lgs 196/03.

For explanations or doubts, you can direct to:

> Dr. Silvia Lollini (room n. 57 – 4° floor) – URP Customare care

Thank you for your help and your time!

This survey must be left in the appropriate flagged box.

