

## **Appraisal Form**

Sequence Number	58
CUSTOMER DETAILS	
Customer Appraisal Form	THIS APPRAISAL FORM IS PART OF PLATINUM ELECTRICAL LTD'S QUALITY MANAGEMENT SYSTEM.
	AT PLATINUM ELECTRICAL LTD WE STRIVE TO ACHIEVE A "PLATINUM SERVICE".
	TO ENSURE WE ACHIEVE THIS, WE WOULD BE GRATEFUL IF YOU COULD COMPLETE THIS FORM FOR US AND EVALUATE OUR PERFORMANCE ON THE RECENTLY COMPLETED SCHEME.
	THANK YOU IN ADVANCE
Company Name:	Somercotes Parish Council
Position of Person Completing Form:	Responsible Financial Officer
Platinum Job Number: (Given in email subject)	18043
Date Completed	17/01/2019

## **PERFORMANCE REVIEW**

Excellent - Staff will be informed and given praise
Good - No Action, this is what we expect!
Average – please give a brief description in the comments box, so we can see the areas where we need to improve.
Poor -please give a brief description in the comments box. Action will be taken to ensure improvements are made; client will be informed of actions taken
Unsatisfactory – please give a brief description in the comments box, we will contact you to discuss in more detail and put actions into place if required
Platinum Electrical Ltd would like to advise our Clients that complaints should in the first instance be directed towards the Managing Director and details should be written in the comments box. Also scores "Poor and unsatisfactory" will be dealt with as complaint, if you wish to be informed of the outcome of any action taken please make a note in the comments box. We seek to resolve any complaint within 20 working days of receipt. If we are unable to resolve the complaint you may contact the HEA office, who will then investigate the complaint further.
Thank you for taking the time to complete our Appraisal
Excellent
Excellent
Excellent
Completed On-Time
Excellent
Excellent
Excellent
Excellent



## **Appraisal Form**

Operatives site conduct	Excellent
Health and safety	Excellent
Impact on the environment	Excellent
Attitude to housekeeping (site tidiness and organisation)	Excellent
Management of variations	Excellent
Overall performance	Excellent
Would you recommend Platinum to others?	Yes
Would you be happy to use our services again?	Yes
OFFICE USE ONLY	Give details of how the complaint/feedback has been dealt with:i.e Tool box talk, training, Disciplinary action:
	Name of person dealing with complaint:
	Job Title:
	Date:
	Has the MD been informed: (Yes - No)
	Name of Operative/s involved:
	Complaint closed date: Please file copy in non-conformity folder
	Has the client been made aware of the outcome?