

Appraisal Form

Sequence Number	197
-----------------	-----

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:	NEDDC
Position of Person Completing Form:	Engineering Technician
Platinum Job Number: (Given in email subject)	51901040
Date Completed	02/04/2020

PERFORMANCE REVIEW

SCORES RESULTS:	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
Client satisfaction with service and products	Good
Measurement and valuation	Good
Value for money	N/A
Meeting agreed timescales	Exceeded Deadline
Customer care and service	Good
Quality of communications	Excellent
Working relationships	Excellent
Quality of workmanship	N/A

Date Submitted: 03/04/2020 08:25 AM



Appraisal Form

N/A
N/A
N/A
N/A
Excellent
Good
Yes
Yes
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?