

Service Perception Questionnaire

Dear [Partner's Name],

We value our partnership and your feedback is essential in helping us enhance our services. Please take a moment to complete this questionnaire regarding your perception of our services.

Section 1: General Information

Company Name: _____

Your Name: _____

Position: _____

Section 2: Service Quality

1. How would you rate the quality of our services?

Excellent Good Fair Poor

2. How responsive is our team to your needs?

Very Responsive Responsive Somewhat Responsive Not Responsive

Section 3: Overall Satisfaction

3. How satisfied are you with our partnership?

Very Satisfied Satisfied Neutral Dissatisfied

Section 4: Additional Comments

Please provide any additional feedback or suggestions:

Thank you for your time and insights. Your feedback is invaluable to us.

Sincerely,

[Your Name]
[Your Position]
[Your Company]
[Contact Information]