

CUSTOMER EVALUATION FORM



KWAZULU-NATAL TRAFFIC TRAINING COLLEGE

Please be honest and provide comments. We value your input.

Institution: _____

Date: _____

HOW ARE WE DOING?

The KwaZulu-Natal Traffic Training College is continually striving to provide an excellent service to our clients. In order to do this, we require you to assess the service rendered by our staff. Please complete this form and return it to the Traffic Training College by fax, e-mail or post, so that you can assist us to achieve our goals: **CONTACT DETAILS:** FAX: 033 - 3427711, **E-MAIL:** traffic.training@kzntransport.gov.za, **POSTAL ADDRESS:** P/Bag X9065, PMBURG, 3200

To what extent does the Traffic Training College meet your requirements?

Excellent	Good	Satisfactory	Poor

Are you kept informed of developments in respect of services requested?

Excellent	Good	Satisfactory	Poor

Do staff provide you with prompt and efficient service?

Excellent	Good	Satisfactory	Poor

Are complaints dealt with timeously and effectively?

Excellent	Good	Satisfactory	Poor

Are staff courteous and helpful in dealing with your request?

Excellent	Good	Satisfactory	Poor

Rate the appearance of our facility (Cleanliness etc.)

Excellent	Good	Satisfactory	Poor

Rate the level of information provided by the Traffic Training College.

Excellent	Good	Satisfactory	Poor

Rate the knowledge of our staff.

Excellent	Good	Satisfactory	Poor

Please provide details where ratings are below excellent.

What proposals do you have to improve service delivery at the Traffic Training College although you may have rated the service as excellent ?

Completed by:

Name: _____

Signed: _____

Contact Details: Office No. : _____ Fax No.: _____ Cell No. : _____