

Client Satisfaction Response

Client: Project Name: Project No.:	QSR No.: Date:
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I. Action Item(s) Identified

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II. Responsible Departments

III. Date Task Assigned	Date Task to be Completed	Responsible Individu
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IV. Action Taken

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V. Customer Closeout

Reviewed with Product Line Manager

Reviewed with Regional V.P. / Group Manager

QSR Report Sent to CQM File

Responded to Customer via

Personal Visit

Telephone

Mail

Customer Satisfaction Level Excellent Good Needs Improvement

Comments:

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Quality Management Representative	Date	Extension
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