

First Webs, Inc.

815-332-8062

Business Evaluation (OBE) Part 2. Customer Service & Communication

The business evaluation that follows informs us about the role of customer service in your organization, and your need in communicating your message to the outside world. Processing this form completely greatly assists us in evaluating whether the Internet could make your communications easier and better.

For information on the need for this form, see <http://www.nilsem.com/form-online-business-evaluation-explained.html>.

*** Indicates Required Field**

Your Full Name *	
Your eMail Address *	
Do You Have a Customer Service Dept. (CSD)? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Business I Am It If Yes, How Many People Full Time :
How does your CSD Communicate with Customers?	<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Internet Online <input type="checkbox"/> FAX Rate your CSD Dept's Effectiveness on a Scale 1-10 <input type="text"/> 10 is Best
How do you primarily thank your customers?	<input type="checkbox"/> We Don't <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Card <input type="checkbox"/> Phone Call Other: <input type="text"/>
How does your business actively solicit customer feedback? *	<input type="checkbox"/> Field Surveys <input type="checkbox"/> Telephone Surveys <input type="checkbox"/> Internet (Surveys, email, etc.) <input type="checkbox"/> Mail In Cards <input type="checkbox"/> We Don't Solicit Feedback <input type="checkbox"/> 3rd Party and/or Ad Agency
What are you most proud of regarding your business? And Why? *	
Has your business, you, or your employees received any notable awards or recognition? If so, describe briefly.	
List civic organizations, chambers, networking groups, or other local organizations your business is a member of. List 1 organization per line.	
Do you need to provide specific information to a	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what group? <input type="text"/>

