



Please drop your completed form in the
Customer suggestion box provided in the
store or mail it to:

Kasabias Limited
G.P.O Box 167
Suva
Fiji Islands

**Att: Customer Service Department
Kasabias Limited
G.P.O Box 167
Suva**

**HAVE
YOUR
SAY.**

We appreciate your time and suggestions in
helping us improve our business and
customer services.

!! Thank You !!

Please tell us how you felt
shopping at  **Kasabias**
Specializing in your need

Branch: _____

Date: _____

One of our top priorities is to provide the best possible customer service.

Your Suggestions in making Kasabias even better will just take a tick.

We are always striving to make Kasabias an even better place to shop for all your Building Materials and General Hardware needs. Please help us do that by answering few of the following questions:

How satisfied are you with:

Place a tick in the box, if you make a mistake, fill the entire box and mark the correct box.

	Very Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
Service at the cashiers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting Service when you needed it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice for everything needed to complete your project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Team Acknowledging you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Products Prices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall Shopping experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Product knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Range and Display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our After Sale Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Staff Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you able to find the products you were looking for?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If No, was this because:					
We were out of Stock?		<input type="checkbox"/>	<input type="checkbox"/>		
We don't sell that product?		<input type="checkbox"/>	<input type="checkbox"/>		
Did you receive your delivery on time?		<input type="checkbox"/>	<input type="checkbox"/>		
Would you recommend Kasabias to others?		<input type="checkbox"/>	<input type="checkbox"/>		
How often do you shop at Kasabias?	More than once a week <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	A few times a year <input type="checkbox"/>	Rarely <input type="checkbox"/>

We welcome any additional comments or suggestions you may have that can help us improve how we can serve you better.

If you would like a personal reply, please tick this box:

First Name: _____

Last Name: _____

Address: _____

Email: _____

Phone (H): _____

Phone (M): _____

Thank you for your valuable Time!!