

CUSTOMER SATISFACTION SURVEY

Our goal is to continuously improve our products and service to meet or exceed your needs. Your input is important to us and provides a means of feedback so that we can take action to provide total customer satisfaction. Thank you for completing this survey!

- 1. Has the patient had a chance to use the equipment? YES NO
- 2. Was the equipment and/or supplies delivered/dispensed accurately? YES NO
- 3. Was the training effective in educating you or your caregiver on your equipment and/or supplies? YES NO
- 4. Was the company staff courteous and helpful? YES NO
- 5. If you had a question or concern, was it addressed in a timely manner? YES NO
- 6. Was your financial responsibility explained to you? YES NO
- 7. Would you recommend our services to friends and family? YES NO
- 8. Did the services provided meet your needs? YES NO

Additional Comments on how Kohll's can improve service:

Kohll's Location _____ Date: _____

Customer Signature (optional please include name and phone number if you would like to be contacted)

Please return this survey to any Kohll's Rx location or you can mail or email to the following:

Kohll's Rx
12741 Q Street
Omaha, NE 68137
Attention: Denise White
dwhite@kohlls.com

Office Use - Select Service Type:		
Mobility	Compression	Respiratory
Orthotics	Delivery	Repairs
Diabetic supplies	Other	