



CONSUMER KEY PERFORMANCE INDICATOR FORM

Consumer Name:	Contract Number:
Client Name:	Service Provided:
Location:	Date:

Please indicate which rating most defines the standards of service that you have recently experienced.

1 - 2 = Poor	3 - 4 Average	5 - 6 Good	7 - 8 Very Good	9 - 10 = Excellent
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	1-10	Comments
Behaviour of Security Officer		
Appearance		
Professionalism		
Attitude		
Flexibility		
Communication		
Conduct		
Ability		
Responsiveness		
Willingness to recommend Company		

Comments (Any score below 7 requires action)	Action Required
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