

# Russell A. Farrow (U.S.) Inc. Driver Survey

*"Help us rate our services"*

Please take a few minutes to complete the following short questionnaire. Your answers will help us ensure that the level of service we provide meets your expectations. If you prefer please submit your survey via fax directly to: **Fax number 734-955-9103 Attn: Stephen Cortelli.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Port of Entry \_\_\_\_\_

Carrier Name: \_\_\_\_\_ SCN: \_\_\_\_\_

Importer Name: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Please Print)

## Questions:

1. Did you confirm receipt and status of your SCN prior to arrival? YES  NO

If YES did you confirm by:

- Checking our website  <http://tracking.farrow.com/paps.html> or www.farrow.com
- By Phone

2. How long did you have to wait to use our KIOSK?

10 minutes or less       20 minutes or less       More than 20 minutes

3. Were the KIOSK user instructions clear and easy to follow? YES  NO

**Comments:** \_\_\_\_\_

\_\_\_\_\_

4. Were you treated in a professional manner throughout your release process? YES  NO

**Comments:** \_\_\_\_\_

\_\_\_\_\_

5. Were you referred to a sub-agent? YES  NO

6. How would you rate the service you received overall?

Excellent       Good       Fair       Poor

**Comments:** \_\_\_\_\_

\_\_\_\_\_

