

# SECRET SHOPPING ON-DEMAND™

POWERED BY ABOUTFACE

www.secretshoppingondemand.com

## Service Provider Customer Service Evaluation

Business Name: <input type="text"/> <a href="#">pick</a>	Location Name: <input type="text"/>	Address: <input type="text"/>	Telephone: <input type="text"/>
Website: <input type="text"/>	Date of Call to Schedule Visit: <input type="text"/> <a href="#">pick</a>	Date of In-Home Visit: <input type="text"/> <a href="#">pick</a>	Time of In-Home Visit: <input type="text"/> <a href="#">pick</a>
Service Type: [Choose one] <input type="text"/>	Month: [Choose one] <input type="text"/>	Quarter: <input type="text"/>	Year: [Choose one] <input type="text"/>
Date Ordered: <input type="text"/>	Drop Dead Date: <input type="text"/>		

### Web Portal Experience:

### Telephone Experience:

### Confirmation of Appt:

### In-Home Visit:

### Follow-Up:

### The Bottom Line:

Telephone Associate's Name:

Confirming Associate's Name:

Specialist's Name:

Exp:

Rec:

Rate:

### VISIT TOTAL:

Shopper Name: <input type="text"/>	Shopper Ranking: [Choose one] <input type="text"/>	Link: <input type="text"/>
Jr. Editor: <input type="text"/>	Jr. Status: [Choose one] <input type="text"/>	Jr. Editor Ranking: [Choose one] <input type="text"/>
	Jr. Completion Date: <input type="text"/> <a href="#">pick</a>	
Sr. Editor: <input type="text"/>	Sr. Status: [Choose one] <input type="text"/>	Sr. Editor Ranking: [Choose one] <input type="text"/>
	Sr. Completion Date: <input type="text"/> <a href="#">pick</a>	
QC: <input type="text"/>	QC Date: <input type="text"/> <a href="#">pick</a>	48 Hr Comment: <input type="text"/>
	48 Hr Date: <input type="text"/> <a href="#">pick</a>	
Deduct: <input type="text"/>	Deduct Explain: <input type="text"/>	Purchase Amt: <input type="text"/>
		Reimburse Amt: <input type="text"/>
Jr. Fee: <input type="text"/>	Sr. Fee: <input type="text"/>	PM Fee: <input type="text"/>

### WWW.SECRETSHOPPINGONDEMAND.COM

To log back in to Secret Shopping On-Demand™ to review your account or place another order, simply go to [www.secretshoppingondemand.com](http://www.secretshoppingondemand.com) and click the "Back for More?" button. You will be prompted to enter your email address and the password you set up when you created your account.

### SCORING CRITERIA

Yes = 10, No = 0

Yes = 5, No = 0

N/A = Both the actual and the possible points are thrown out so as to not adversely affect the total score.

### ATTACHMENTS

Please review the Attachment section of the Shopper Directions for complete instructions on submitting attachments. You must scan and attach all materials the specialist gave you, including his or her business card, to this report. If you are unable to attach the items here, you may fax all pertinent copies (front and back) to the number provided in the Shopper Directions at the time you submit your form. Your report will not be accepted unless these items are provided to us. Thank you!

Browse...

Browse...

Browse...

### SHOPPER SCENARIO

Please describe in detail the scenario you presented:

### WEB PORTAL EXPERIENCE

This section assesses the functionality, presentation and convenience of the service provider's web portal.

#### WP

Did this service provider have a web address?

NA  Yes  No

SHOPPER: Check your scheduling materials for the service provider's web address. If no web address is provided, please answer all questions in this section N/A.

1. ATTENTION: What was the first thing on this website that caught your eye?

2. PRESENTATION: Was the website:

A. Easy to navigate?

NA  Yes  No

B. Clear and easy to understand?

NA  Yes  No

3. CONVENIENCE: Did the website provide clear contact information?

NA  Yes  No

4. PRICING: Was the service provider's pricing policy communicated on the website?

NA  Yes  No

5. TRUST: Was there anything about the site that created a feeling of trust?

NA  Yes  No

6. FIRST IMPRESSION: Based solely upon your experience with the service provider's website, would you want to do business with this service provider?

NA  Yes  No

Please FULLY explain your answers to questions 2 through 6:

### TELEPHONE EXPERIENCE

This section evaluates the manner in which your telephone call was handled by the Telephone Associate.

#### TE

Telephone Associate's Name:

1. URGENCY: Was your call answered within three rings or less?

NA  Yes  No

2. GREETING: Did you receive a professional greeting?

NA  Yes  No

3. CUSTOMER INFORMATION: Did the telephone associate ask for the following information EARLY in the

call:

A. Your contact information (name, address and telephone number)?

NA  Yes  No

B. The reason for your call?

NA  Yes  No

Explain your answers to ALL parts of questions 1 through 3:

  

4. FEE: Were you told about a consultation fee?

NA  Yes  No

If so, what was the amount of the consultation fee?

\$ |

5. APPOINTMENT:

EDITOR: The shopper should respond YES or NO to question i OR question ii. The other question should be answered NA.

A. If you requested a weekend or evening appointment:

i. Was the telephone associate willing to accommodate you?

NA  Yes  No

ii. Did he/she respectfully inform you the company was closed on weekends and evenings?

NA  Yes  No

B. Did the telephone associate give you more than one option for the date and time of the appointment?

NA  Yes  No

C. Did the telephone associate provide you with a timeframe (i.e., two-hour timeframe, four-hour timeframe, etc.) during which the specialist would arrive at your home?

NA  Yes  No

D. Did the telephone associate give you the name of the specialist who would visit your home?

NA  Yes  No

Explain your answers to ALL parts of questions 4 and 5:

  

6. HOLD: If you were placed on hold at any time during your call, did the telephone associate:

A. Ask your permission first and wait for your response?

NA  Yes  No

B. Check back with you at 30-second intervals, if necessary?

NA  Yes  No

7. DEMEANOR: Were you treated in a positive and professional manner throughout the call?

NA  Yes  No

Explain your answers to ALL parts of questions 6 and 7:

  

8. APPRECIATION: Did the telephone associate express appreciation for your call?

NA  Yes  No

9. FIRST IMPRESSION: Based solely upon your interaction with the telephone associate, would you want to do business with this service provider?

NA  Yes  No

Explain your answers to ALL parts of questions 8 and 9:

  

## CONFIRMATION OF APPOINTMENT

This section evaluates the confirmation call you received from the service provider prior to the in-home visit.

**CA**

Confirming Associate's Name:

1. PRE-VISIT CALL: Did someone from the service provider call prior to the specialist's visit to get directions, confirm the appointment and/or let you know if

NA  Yes  No

the specialist was going to be late?

SHOPPER: If the answer to question 1 is NO, please answer questions 2A and 2B N/A.

2. QUALIFYING: During the call, did the confirming associate:

A. Respectfully attempt to qualify you as the decision maker?

NA  Yes  No

B. Remind you of the consultation fee (if applicable)?

NA  Yes  No

3. IMPORTANCE: Is a confirmation call important to you?

NA  Yes  No

Please FULLY explain your answers to all questions in this section:



## IN-HOME VISIT

This section assesses the quality of the process employed by the specialist who came to your home to give an estimate for the service you requested.

### IH

Specialist's Name:

Specialist's Description:

A. Gender:

[Choose one]

B. Height:

[Choose one]

C. Hair Length:

[Choose one]

D. Hair Color:

[Choose one]

E. Glasses?

NA  Yes  No

F. Other Descriptor:

## Professionalism

1. TIMELINESS: Did the specialist arrive for the appointment within the agreed-upon timeframe?

NA  Yes  No

2. APPT CHANGE: Was the time of your appointment ever changed by the specialist?

NA  Yes  No

3. VEHICLE: Did the specialist's vehicle convey a positive image of the service provider?

NA  Yes  No

4. GROOMING: Was he/she groomed in a manner that represented the company well?

NA  Yes  No

5. THOROUGHNESS: Did the specialist perform a thorough investigation of the service area?

NA  Yes  No

6. TECHNICAL LEVEL: When speaking with you, did the specialist use the least amount of technical jargon possible? Did he/she talk to you on a level you could understand?

NA  Yes  No

7. COMPETITORS: Did the specialist speak negatively about his/her competition?

NA  Yes  No

SHOPPER: If the specialist does not mention a competitor first, you must prompt him/her by asking how a competitor's services compare with his/hers.

Please FULLY explain your answers to all questions in this section:



## Attitude

1. ATTENTIVENESS: Did the specialist seem attentive throughout the visit?

NA  Yes  No

2. APPRECIATION: Did the specialist make you feel appreciated as a customer?

NA  Yes  No

Please FULLY explain your answers to all questions in this section:



### Knowledge

1. CONFIDENCE: Was the specialist confident and knowledgeable about the service provider's services and/or products?  NA  Yes  No
2. EXPLANATION OF COSTS: Did the specialist explain the cost of services to you?  NA  Yes  No
3. BUDGET: Did the specialist:
  - A. Specifically ask you about your budget for the proposed services?  NA  Yes  No
  - B. Tell you about other programs that would fit within your budget?  NA  Yes  No
4. RECOMMENDATIONS: After investigating your service issue, did the specialist review his/her findings and make specific recommendations?  NA  Yes  No

SHOPPER: If the specialist provided findings/recommendations in writing, please attach a copy of it to this report or fax it to the number provided in the Shopper Directions.

Please FULLY explain your answers to all questions in this section:



### Salesmanship

1. NEEDS ASSESSMENT: During the review of your service problem, did the specialist ask open/probing questions in order to assess your needs?  NA  Yes  No
2. VALUE: Did the specialist:
  - A. Sell you on the value of their services?  NA  Yes  No
  - B. Offer any extra incentive(s) to do business with this company versus similar companies?  NA  Yes  No
3. CLOSING: Did the specialist attempt to close the sale in any way?  NA  Yes  No

SHOPPER: Closing could be accomplished by reviewing the next steps in the process or by presenting a quick, written estimate for you to review.

4. ESTIMATE: How was the estimate presented to you?

SHOPPER: If you received a written estimate, please submit it with your report.

5. COLLATERAL: If appropriate, were you given any supplemental materials to help educate you on the specific services offered?  NA  Yes  No

Please FULLY explain your answers to all questions in this section:



### FOLLOW-UP

This section assesses whether you received follow-up from the service provider.

### FP

1. FOLLOW-UP: Did you receive any kind of follow-up from the service provider within 72 hours after the in-home visit?  NA  Yes  No

SHOPPER: Do not wait for follow-up to submit your evaluation. If you have received no follow-up by the time you submit your evaluation, answer the question NO. If you receive follow-up within 72 hours (3 days) after submitting your evaluation, please email your project manager to report it.

Please FULLY describe any follow-up you received from the service provider (i.e., telephone call, mailing, second visit, etc.):



## BOTTOM LINE

The Bottom Line is a qualitative category, which sums up the customer's experience.

### BL

1. Choose one word to describe your experience with this service provider:
2. Would you recommend this service provider to a friend?  NA  Yes  No
3. Based upon your experience with other in-home service providers, how would you rate this one? [Choose one]

## CUSTOM QUESTIONS

This section contains questions that are unique to this shop.

### CQ

1. CUSTOM QUESTION #1: Was a Custom Question #1 listed for this shop at the above website?  NA  Yes  No  
Please answer Custom Question #1 here:
2. CUSTOM QUESTION #2: Was a Custom Question #2 listed for this shop at the above website?  NA  Yes  No  
Please answer Custom Question #2 here:
3. CUSTOM QUESTION #3: Was a Custom Question #3 listed for this shop at the above website?  NA  Yes  No  
Please answer Custom Question #3 here:
4. CUSTOM QUESTION #4: Was a Custom Question #4 listed for this shop at the above website?  NA  Yes  No  
Please answer Custom Question #4 here:
5. CUSTOM QUESTION #5: Was a Custom Question #5 listed for this shop at the above website?  NA  Yes  No  
Please answer Custom Question #5 here:

## Additional Comments and Narrative

We have only asked specific service-oriented questions on this shop. If you have any additional information concerning this visit, you may tell us below. It can be on anything the client/partner would want to know to assist them in maintaining the best service in the industry.

## Shopper

- Since you are judging someone else's performance in this report, how was your performance?

- Did you do the best job you are capable of doing?
- Would you be proud to sign your name to this job, as an example of your workmanship?
- If you have any questions, concerning making this shop the best, please e-mail your question / concern to [qualitycontrol@aboutfacecorp.com](mailto:qualitycontrol@aboutfacecorp.com).
- Before you hit SUBMIT, please make this your best, most descriptive work. Our clients deserve it, and you deserve to be paid our highest performance pay on every project.

**Internal Information**

1. Wow - Choose YES if the service at this location stood out as so exemplary that someone high-up must be told about it. [Choose]

Briefly describe why here:

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2. Risk - Check this box if something so off the wall happened that someone high-up must be told about it. [Choose]

Briefly describe why here:

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3. Unusual Circumstances - Check this box if something odd happened with scheduling that needs to be understood by the AboutFace team: [Choose]

Briefly describe why here:

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A. Scheduling: [Choose]

B. Payments: [Choose]

i. Bonus Pay? \$

ii. Payment Split: [Choose]

1. How Much? \$

2. With Whom?

a. Shopper's Name:

b. Shopper's Email:

iii. Deduction: \$

Briefly describe why here:

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iv. Typing: [Choose one]

a. Typist's Initials:

C. Editing: [Choose]

Briefly explain why here.

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