Learning Resources Inc
Assessing, Developing & Documenting Soft Skills

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Customer Services Skills (CSR): Employer Feedback

Please check ☒ the 10 or so most important skills for this job**.** Although all of the following skills are important, **the checked competencies are required to qualify as an applicant.**

Check if required		*Customer Service Skills*	**Skill**
	1	Deals effectively with customers regarding service and procedures.	Customer Relations
	2	Interacts with customers who make unreasonable demands or have unjustified complaints.	Customer Relations
	3	Explains policies and procedures to customers.	Customer Relations
	4	Interacts with irate/angry customers in a polite and helpful manner.	Customer Relations
	5	Contacts customers to discuss/resolve problems.	Decision Making
	6	Decides when to route customer calls/requests to other departments based on the particular nature of the request.	Judgment
	7	Interacts with peers to obtain or provide historical information concerning a customer problem or issue.	Judgment
	8	Decides when to vary from routine operating policies/guidelines and when to adhere to them.	Judgment
	9	Decides when to independently make decisions versus when to defer to a supervisor.	Judgment
	10	Independently makes decision to change own work schedule in order to deal with unexpected requests from customers.	Judgment
	11	Solicits new/additional business from customers.	Solicits New Business
	12	Determines the immediacy of and the schedules for work requests received from customers	Solicits New Business
	13	Explains features and benefits of goods/services to customers or prospective customers.	Solicits New Business
	14	Solicits pertinent information from customers to clarify their inquiry or complaint	Solicits New Business
	15	Explains cause of service or product problem to the customer.	Solicits New Business

Note: "Customer" refers both to individuals **external** to the organization and **internal** employees, i.e. persons in another unit/area.

The Job being considered is called: _____.

_____ _____
Individual completing Form Organization

_____ _____ _____
Phone E-Mail Date

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