

# CALL CENTER QUALITY ASSURANCE SCORECARD

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AGENT NAME \_\_\_\_\_

DATE \_\_\_\_\_

PREPARED BY \_\_\_\_\_

NO.	QUESTIONS	NOTES	YES/NO	Score (1-10)
	<b>AGENT COMMUNICATION</b>			
1				
2				
3				
	<b>PROBLEM SOLVING SKILLS</b>			
4				
5				
6				
	<b>CALL PROCEDURES</b>			
7				
8				
9				
	<b>TECHNICAL SKILLS</b>			
10				
11				
12				
	<b>PRODUCT KNOWLEDGE</b>			
13				
14				
15				
<b>TOTAL SCORE</b>				
<b>TOTAL SCORE NEEDED TO PASS</b>				

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