

# Reader's Comments

Please tell us how we can improve our manuals. Please complete this form and return it to us.

How do you rate this manual?	Excellent	Good	Average	Fair	Poor
Accuracy of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completeness of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisation of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of finding information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of examples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of examples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of the Index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like most about this manual?

What did you like least about this manual?

What would you like to see more of?

What would you like to see less of?

Did you find any errors in this manual?

Page	Description

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**Any additional comments or suggestions to improve this manual?** \_\_\_\_\_

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**What computer software or hardware product has the best manual you have used?**

Product \_\_\_\_\_ Manufacturer \_\_\_\_\_

Why? \_\_\_\_\_

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*fold here*

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**What is your experience with switches?**

- ☐ No previous experience
- ☐ Less than 1 year's experience
- ☐ More than 1 year's experience on one model
- ☐ More than 1 year's experience on more than one model

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**What Software version are you using?** (from the display of the SHOW SYSTEM command)

Software Version: \_\_\_\_\_ Release Version: \_\_\_\_\_

Patch Installed: \_\_\_\_\_

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Name/Title	_____	Date	_____
Company/Dept	_____		
Address	_____	Phone	_____
	_____	Fax	_____
	_____		_____
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