

Feedback # \_\_\_\_\_

Name:	Date:
Position:	Time:
Business type:	Company Name:
Phone:	Email address:
Address:	

**Assessment Rating:**

Based on your observation and experience of the feedback, rate our services in the following areas as follows:

1 – Unsatisfactory    2 – Poor    3 – Average    4 – Good    5 - Excellent

1. Response of your initial contact with team	<input type="checkbox"/>
2. Response in preparation for your initial/certification audit	<input type="checkbox"/>
3. Meeting Deadlines and Commitments	<input type="checkbox"/>
4. Delegation of Responsibilities	<input type="checkbox"/>
5. Communication with Company Representative	<input type="checkbox"/>
6. Attitude Towards Others	<input type="checkbox"/>
7. Time Management:	<input type="checkbox"/>
8. Usefulness of the certificate and logo	<input type="checkbox"/>
9. Quality and Style of certificate	<input type="checkbox"/>

**Recommendations (If any)**

Information Given By: \_\_\_\_\_

Comments of the Committee based on appellant forum to feedback to customer:

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**UHMS-PK-FRM-3037 REVISIONS**

<b>Revision No</b>	<b>Revision Date</b>	<b>Amendment</b>
00	??..??..???	First issue