

CUSTOMER FEEDBACK FORM

Feedback # _____

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

Dear Client,

We consider your satisfaction as the key to our success. In this regard, we need your valued feedback. It will help us improve our services to you. Please tick the appropriate answer and send this form back at your earliest.

1 – Excellent 2 – Good 3 – Satisfactory 4 – Need Improvement

1. Response of your initial contact with team
☐ Excellent ☐ Good ☐ Satisfactory ☐ Need Improvement
2. Response in preparation for your initial/certification audit
☐ Excellent ☐ Good ☐ Satisfactory ☐ Need Improvement
3. Meeting Deadlines and Commitments
☐ Excellent ☐ Good ☐ Satisfactory ☐ Need Improvement
4. Delegation of Responsibilities
☐ Excellent ☐ Good ☐ Satisfactory ☐ Need Improvement
5. Communication with Company Representative
☐ Excellent ☐ Good ☐ Satisfactory ☐ Need Improvement
6. Attitude Towards Others
☐ Excellent ☐ Good ☐ Satisfactory ☐ Need Improvement
7. Time Management:
☐ Excellent ☐ Good ☐ Satisfactory ☐ Need Improvement
8. Usefulness of the certificate and logo
☐ Excellent ☐ Good ☐ Satisfactory ☐ Need Improvement
9. Quality and Style of Certificate
☐ Excellent ☐ Good ☐ Satisfactory ☐ Need Improvement
10. How do you feel about the response and behavior of our Commercial Team
☐ Excellent ☐ Good ☐ Satisfactory ☐ Need Improvement
11. How do you feel about the response and behavior of our Auditing & Technical Team
☐ Excellent ☐ Good ☐ Satisfactory ☐ Need Improvement
12. How do you feel about our team's competence?
☐ Excellent ☐ Good ☐ Satisfactory ☐ Need Improvement

CUSTOMER FEEDBACK FORM

Recommendations (If any

Information Given By: _____

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