

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

Recommendations (If any

Information Given By: _____

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