

Customer Satisfaction Feedback Report

Format No.:

CUSTOMER SATISFACTION REPORT		Date:			
Customer					
Customer Representative					
Name:					
Designation:					
Department:					
Contacts:					
Service Performance Factor	Aspect	Evaluation By Customer (Please Tick)			
		Excellent	Good	Satisfactory	Non Satisfactory
Service Quality	A. Service specifications meet requirements / expectations				
	B. Service Accuracy				
Services	A. Response to queries: 1. Existing Range of Services 2. New Range of Services				
	B. Response to Complaints				
Facility Profile	A. Material Resources / Facilities				
	B. Instrumentation & Computer Software				

Thank you for your feedback

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Service Delivery	A. Time frame - Waiting time, delivery time & process time)				
	B. Documentation – Operational & technical documentation as per relevant standards, Completeness, Confidential, and Credibility).				
Competency of our staff	A. Knowledge and skill				
	B. Performance Standard				
Competitiveness	A. Value for Money				
	B. Our overall rating against your best services provider				

Your Valued Comments:

Your Valued Suggestions:

Customer representative Signature & Stamp