

## CUSTOMER FEEDBACK FORM

**NAME OF THE ORGANIZATION:**

**FEEDBACK REQUIRED FOR:**

**NAME OF RESPONDENT:**

**I. QUALITY SERVICE:**

<u>AREA</u>	<u>COMMENTS</u>
<b><u>STAFF ABILITY</u></b> How easy are/ were we to contact & was staff available to you at the time that you required support.	
<b><u>TECHNICAL SUPPORT</u></b> What do you think of our level of technical support in relation to the work performed	Excellent / Very good / Good/ Average/ Poor
<b><u>ATTITUDE &amp; BEHAVIOUR OF TEAM</u></b> How will you rate the behavior of staff visited your factory	Excellent / Very good / Good/Average/ Poor

## II. QUALITY OF WORK PERFORM-

<u>AREA</u>	<u>COMMENTS</u>
<b><u>QUALITY STANDARD</u></b> How would you rate the quality of work performed.	Excellent / Very good / Good/ Average/ Poor
<b><u>TECHNICAL SUPPORT</u></b> What do you think of level of technical support in relation to the work performed	Excellent / Very good / Good/ Average/ Poor
<b><u>COORDINATION OF TEAM</u></b> How would you rank the coordination of team with the factory staff	Excellent / Very good / Good/ Average/ Poor
<b><u>EQUIPMENTS CARRIED BY TEAM</u></b> Quality of equipments carried by team with them. Was it sufficient?	Yes/No

## III. REPORT:

Whether final report was received with in time. – Yes / No