



## Customer feedback form

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As a valued customer of our company, we ask that you complete this evaluation form. Our quality service committee will review your comments. We value your honest opinions regarding our work.

Customer Organization: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_

### Rating:

- 4 – Excellent
- 3 – Good
- 2 – Fair
- 1 – Poor

Using the ratings defined above, please let us know if you agree or disagree with the following statements:

Evaluation Parameters	Feedback Rating (Tick as appropriate)			
	1	2	3	4
Enquiry Response Time				
Quality of Information Provided				
Technical Support				
Product Quantity				
Product Quality				
Documentation Provided				
Staff Professionalism				
Response against Complaint				
Delivery Time				
Overall Rating				

Additional

Comments: \_\_\_\_\_

Signature & Company Stamp \_\_\_\_\_