

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

Recommendations (If any)

Information Given By: _____

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

