



<b>CUSTOMER FEEDBACK FORM</b>	<b>REV. NO.:00</b>	<b>QF/MKT/05</b>
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<b>Customer Name</b>		<b>Sample</b>	
<b>Mobile No</b>		<b>Analysis Type</b>	
<b>Email Id</b>		<b>Sample Reference Number</b>	

**Please tick the appropriate block ('5' indicates highest level of satisfaction and '1' indicates lowest level of satisfaction).**

**A) QUALITY**

a) Meeting Specifications	5	4	3	2	1
b) Consistency in Quality	5	4	3	2	1
c) Result Interpretation and Reporting Format	5	4	3	2	1
d) Teams Technical Competency	5	4	3	2	1

**B) DELIVERY**

a) Result Turnaround Time	5	4	3	2	1
b) Accommodation/Modification in delivery schedules	5	4	3	2	1

**C) SERVICE**

a) Resolution of your complaints	5	4	3	2	1
b) Our response to your special requirements	5	4	3	2	1
c) Our Service Range	5	4	3	2	1
d) Technical advice and Handling Queries	5	4	3	2	1

**YOUR VALUABLE SUGGESTIONS FOR IMPROVEMENT (On specific issue, Please)**

**Name:**

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**Designation:**

**Signature:**

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**Date:**