CUSTOMER'S FEEDBACK FORM

CFB #.				DATE:	
(CUSTOMER DETAILS)					
Company:					
Address:					
Phone		**Fax:**		**Email:**	

Sr. #	EVALUATION PARAMETERS	Poor	Satisfactory	Good	V. Good	Excellent
1.	Our requirements and expectations were identified and clarified by PTTF.					
2.	The contact staff was polite, respectful and considerate.					
3.	Our inquiries were promptly responded within promised time-frame.					
4.	The results provided included complete, accurate information and interpretation about tests performed.					
5.	We were informed/updated, if requested, about the status of inquiries/testing.					
6.	We receive individual attention and due importance by the staff of PTTF.					
7.	Reports are delivered within committed timeframe.					
8.	The report gives appealing look and is nicely enveloped.					
9.	PTTF possessed the necessary skills& knowledge to resolve quality related problems and feedback is given after the resolution of complaint.					
10	Overall Satisfaction level					

Objections/suggestions/recommendations

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Customer: _____ Incharge Customers Services _____

Signature Signature