



# Customer Satisfaction Feedback Report

Format No.: G/DF/087

CUSTOMER SATISFACTION REPORT		Date:			
Customer					
Customer Representative					
Name:					
Designation:					
Department:					
Contacts:					
Service Performance Factor	Aspect	Evaluation By Customer ( Please Tick)			
		Excellent	Good	Satisfactory	Non Satisfactory
Service Quality	Service specifications meet requirements / expectations				
	Service Accuracy				
Services	A. Response to queries: 1. Existing Range of Services 2. New Range of Services				
	B. Response to Complaints				
Communication	A. Promptness of response and adequacy of Communication from the GITCHIA				
	B. Information provided by the Audit Team in the Opening meeting and closing meeting.				
Service Delivery	A. Audit Team was competent				
	B. Knowledge of the audit team and understanding of the scope of the company				
Ethics and Behavior	A. Communication Skill, Attitude and professional behavior of Audit Team				



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	B. Audit Team member were ethical, open minded, diplomatic, collaborative and observant				
Competitiveness	A. Audit team consist Specific knowledge of your industry/Sector .				
	B. Information provided by the Audit team for Non conformity and your management of your company understand the Non conformities .				

Your Valued Comments:

Your Valued Suggestions:

Customer representative Signature & Stamp