



CUSTOMER FEEDBACK ON TESTING SERVICES

Dear Valued Customer,

We would appreciate your willingness to fill up the questionnaire below. All information provided would be treated confidential. Please return the feedback either through fax or drop in the suggestion box provided at the INTROP office.

Thank you for your valued response and comments.

Name of Company : _____

*Type of Company: Industry **Student/Research (filled up Faculty/Department)
 Government Agency Others, please specify: _____

* Please tick (/) the box

**Faculty/Department : _____

Test Report No. : _____

Please Select: (/) Tick in the relevant boxes

No.	Category	Excellent	Good	Satisfied	Poor	Very Poor
		5	4	3	2	1
1.	Quality of test report					
2.	Delivery					
3.	Communication					
4.	Overall services					

Comments/Areas for Improvements (use appendix if required):

Signature of Respondent : _____ Date : ___ / ___ / _____

Name & Designation : _____ Tel. No. / HP : _____

For Internal Use (Fill up by QM/DQM)

Date Received :

Feedback Sent to & Date :

Action Need to be Taken : Yes No