Date:-

Dear customer

As part of our continual management system improvement process and providing you better services in terms of timeliness, quality, communication etc. We would love to hear your thoughts, suggestions, concerns or problems with anything so we can improve!

**5 Marks Very Good**

**4 Marks Good**

**3 Marks Fair**

**2 Marks Poor**

**1 Mark Very Poor**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Questionnaire** | **Customer Perceptions as per Rating Scale** | | | | |
|  | **5**  **Very Good** | **4**  **Good** | **3**  **Fair** | **2**  **Poor** | **1**  **Very Poor** |
| **1** | Correctness in terms of understanding your Testing Needs |  |  |  |  |  |
| **2** | Correct Selection of Test Methods |  |  |  |  |  |
| **3** | Quality of work performed by our analysts |  |  |  |  |  |
| **4** | Accuracy in measurement |  |  |  |  |  |
| **5** | Availability of Testing Facilities |  |  |  |  |  |
| **6** | Punctuality in testing and delivery of test report |  |  |  |  |  |
| **7** | Response Time of our Marketing and Technical Staff |  |  |  |  |  |
| **8** | Completeness of Test Results and Test Report. |  |  |  |  |  |
| **9** | Attendance of your queries/complaints about test report |  |  |  |  |  |
| **10** | Would you like recommend us to others? |  |  |  |  |  |

Customer’s suggestion/Complaint if any (Test Report No Suggestion Related to………………………………….)

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Thank you for taking the time to answer these questions.

Name of Customer

Address

Signature with Seal