

## Customer Feedback Form

Thank you for giving us the opportunity to serve you better. Please help us by taking a few minutes to tell us about the service that you have received so far. We appreciate your business and want to make sure we meet your expectations. Rest assured that none of the information you'll provide will be shown to third parties.

Company : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Representative : \_\_\_\_\_ Position : \_\_\_\_\_ Date : \_\_\_\_\_

### I. How many times did you avail our services?

One time service ☐ More than once ☐ Continuous ☐

### II. How did you learn about our company? (Please choose only one)

Google Search ☐ Facebook posts ☐ Instagram, Twitter posts ☐  
Email advertisements ☐ Ad sites (OLX, Sulit, etc.) ☐ Professional referral ☐

### III. Kindly rate the following. (Please choose only one)

WORK QUALITIES	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE OR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
1. Office/On-site staff are accommodating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Intended persons are easily reached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Complaints are immediately addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Office/On-site Staff are presentable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Technical staff are well-trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Calibration turn-around time is sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Documents are well prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Set schedules are well observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pricing is adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### IV. What do you consider as our strongest qualities? Kindly encircle 3 (please refer to the list of work qualities above).

WORK QUALITIES      1      2      3      4      5      6      7      8      9

### V. What qualities do you think we should improve? Kindly encircle 3 (please refer to the list of work qualities above).

WORK QUALITIES      1      2      3      4      5      6      7      8      9

### VI. Why did you chose our company among other providers?

Customer Service ☐ Technical Expertise ☐ Adequate Pricing ☐ Personal Preference ☐

### VII. What is the likelihood that you will avail our services again?

Very Likely ☐ Likely, but expecting improvements ☐ Unlikely, until improvements are made ☐ Very Unlikely ☐

### VIII. Suggestions or comments that would greatly improve our services.

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**Note:** This form may be reproduced as needed.