

CUSTOMER FEEDBACK FORM



Section 1: Customer Details

1. Company Name:
2. Contact Person:
3. Designation:
4. Email Address:
5. Phone Number:

Section 2: Certification Service Details

1. Type of Certification Service Received:
 - ISO 9001 (Quality Management)
 - ISO 22000 (Food Safety Management)
 - HACCP (Food Safety Management)
 - GMP (Food Safety Management)
 - Other (please specify): _____
2. Date of Certification/Audit: _____

Section 3: Feedback on Service Quality

Please rate the following aspects on a scale of 1 to 5:
(1 = Very Poor, 5 = Excellent)

Criteria	1	2	3	4	5
Professionalism of the Team					
Knowledge and Expertise					
Timeliness of Service Delivery					
Clarity of Documentation					
Response to Queries/Concerns					

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Section 4: Open Feedback

1. What did you like most about our services?

2. What areas need improvement?

3. Would you recommend our services to others?

- Yes

- No

4. Any additional comments or suggestions:

Section 5: Declaration

Your feedback will remain confidential and will only be used for quality improvement purposes.

Name: _____

Signature: _____

Date: _____