## M3FDRCE CUSTOMER FEEDBACK FORM - INSTALLATIONS

Please Give us a minute of	of your time to help us better serve your need	s.				
Customer Name:	Postgraduale Institute	of	Medicalue			
Date :	16-02-2019					
			- <b></b>			
		Very Good	Good	Average	Poor	Very Poor
Was the work completed	to your satisfaction?		~			
Was the work completed	on time?			×		
Was the job site left clear	and orderly?		1			
Were the installers profession and courteous?			1			
Was the Customer Service	e Representative courteous and helpful?		/			
Were the user instruction	s easy to understand?		1			
Were your questions answ	vered to your satisfaction?	(Yes / No)	1			
How did you hear about	us?				-	-
Yellow Pages						
Rainbow Pages			-			
Through a friend						
Billboard						
E-mail campaign						
Other					¥	
Comments:						
			-	***		
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Revision No : 00 Revision Date :