

Business Automation Ltd.

Customer Service Report

Date:.....

Pre-Information :

Company Name / Address / Phone			
Purpose / Subject	<input type="checkbox"/> New Installation	<input type="checkbox"/> Re-Installation	<input type="checkbox"/> Service
Contact Person / Phone			
Nature of Complain			
Complained by		Date / Time :	
Complain received by		Date / Time :	
Place of Service		Date of Service:	

Post Information :

Time Out / In (BAT)		Time In / Out(Client)	
Job started time		Job finished time	
Service carried out by			

Summary of outcomes:

Comments:					
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>					
Service Delivery Status:		<input type="checkbox"/> Successful	<input type="checkbox"/> Considerable	<input type="checkbox"/> Postponed	
Service Delivery Level:		<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average
Remarks (if any):					
Next Follow Up :					

Client's Signature & Seal

Service Engineer