# CUSTOMER FEEDBACK FORM

|  |  |  |
| --- | --- | --- |
| OUR CB REF NO: {qcpl\_ref\_no} | | DATE: {date\_top} |
| COMPANY NAME : {company} | | |
| STANDARD: | ak1 ISO 9001 ak2 ISO 14001 ak3 HACCP ak4 OHSAS ak5 OTHERS {standard} | |
| GRADING: (1 good, 2 average ,3 Poor) Could you please indicate your comments with regard to Assessor who carried out your recent Assessment / Surveillance visit | | |
| 1. APPEARANCE {g11} {g12} {g13} | | |
| 1. ATTITUDE {g21} {g22} {g23} | | |
| 1. TECHNICAL KNOWLEDGE {g31} {g32} {g33} | | |
| 1. COMMUNICATION SKILLS {g41} {g42} {g43} | | |
| 1. CONVERSANT WITH STANDARD {g51} {g52} {g53} | | |
| WOULD YOU RECOMMEND THIS AUDITOR FOR FURTHER ASSESSMENT WORK? bk1 YES bk2 NO | | |
| IF NO, YOUR COMMENTS AS TO WHY: {com\_for\_no}  OTHER COMMENTS: {other\_cmts} | | |
| *Completing this feedback form will have no bearing on your assessment/surveillance. It is simply required in order that we may monitor assessors to provide a better service to you, the customer.* | | |
| SIGNED:…………………………..………… DATE: {date\_bottom} | | |