# CUSTOMER FEEDBACK FORM

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| QCPL REF NO: CFF\_3 5 | | DATE: CFF\_3 6 |
| COMPANY NAME : CFF\_3 7 | | |
| STANDARD: | ✖ ISO 9001 ✖ ISO 14001 ✖ HACCP ✖ OHSAS ✔ OTHERS CFF\_3 8 | |
| 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 1 | | |
| 1. ATTITUDE 2 | | |
| 1. TECHNICAL KNOWLEDGE 3 | | |
| 1. COMMUNICATION SKILLS 1 | | |
| 1. CONVERSANT WITH STANDARD 2 | | |
| WOULD YOU RECOMMEND THIS AUDITOR FOR FURTHER ASSESSMENT WORK? ✖ YES ✔ NO | | |
| IF NO, YOUR COMMENTS AS TO WHY: CFF\_3 9  OTHER COMMENTS: CFF\_3 10 | | |
| *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: CFF\_3 11 | | |