



Customer Satisfaction Feedback Form (QC LAB)

Name & Address of the applicant:	
Details of Sample:	
Details of Tests Performed:	
Report Reference Number:	

1. How satisfied are you with our service?

- a. Very Satisfied b. Satisfied c. Neutral d. Unsatisfied

2. Would you recommend us to your colleagues/contacts within your organization?

- a. Definitely b. Probably c. Not sure d. Probably not

3. Would you use our service in the future?

- a. Definitely b. Probably c. Not sure d. Probably not

4. Do you have any suggestion to help us serve you better?

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Signature with Date