CUSTOMER SATISFACTION ASSESSMENT FORM (Period ….....)

MEASUREMENT ATTRIBUTES

(Please tick mark your comments)

1.Service quality	Excellent	Good	Satisfactory	Unsatisfactory
2.On time delivery	Before time	Ontime	Delay	Excessive delay(>3days from date of delivery)
3.Complaints Level	No complaints	Occasional	Frequent Complaints	Excessive
4.Customer Support	Excellent	Good	Satisfactory	Unsatisfactory
5.Response to queries	Excellent	Good	Satisfactory	Unsatisfactory
Any other parameters to be included	Yes	No	If Yes ,details:	
Comments on format of Analytical Report				
Your Overall comments on the service provided by the Laboratory				
Suggestions if any				
CUSTOMER NAME& DESIGNATION SIGNATURE COMPANY DATE				
PLEASE E mail to qel.sb-ker@gov.in				