



Laboratory Name: LAMWORLD TECHNOLOGIES PTY LTD
Document Title: **Customer Feedback Form**
Document No: LAM-F862
Revision No: 00
Date of Issue: 30-March-2020

Dear Customer,

Please help us serve you better by taking a couple of minutes to tell us about the service that you received so far. We appreciate your business and want to make sure that we meet your expectations.

Yours Sincerely,

Customer Relations Manager

1. Company Details

Date			
Organization			
Name of Organization's Representative			
Contact details	Tel:	Mobile:	Email:

2. Customer Feedback

Please tick the most appropriate response.

	Excellent	Very Good	Good	Satisfactory	Poor
• Response to your Request					
• Delivery Times					
• Quality of Work Delivered					
• Overall satisfaction on service received					



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QUESTIONS	TICK THE APPROPRIATE BOX
1. For how long have you been Lamworld's customer?	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 1 year to less than 3 years <input type="checkbox"/> 4 years but not less than 6 years <input type="checkbox"/> 5 years and more
2. Which of our services do you use?	<input type="checkbox"/> calibration of instrumentation <input type="checkbox"/> Repair & maintenance of instrumentation <input type="checkbox"/> Supply, Installation& commissioning <input type="checkbox"/> Technology Research & Development <input type="checkbox"/> Consultancy
3. How do rate our service?	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor
4. How frequently do you purchase a service from us?	<input type="checkbox"/> Every week <input type="checkbox"/> Every month <input type="checkbox"/> Once or twice a year
5. Are you satisfied with the service that you have received?	<input type="checkbox"/> very satisfied <input type="checkbox"/> satisfied <input type="checkbox"/> neutral <input type="checkbox"/> dissatisfied <input type="checkbox"/> very dissatisfied
	<input type="checkbox"/> Very likely



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6. How likely is it that you will recommend our services to a friend or colleague?	<input type="checkbox"/> Likely <input type="checkbox"/> Neutral <input type="checkbox"/> Unlikely <input type="checkbox"/> Very unlikely
7. How do you rate the quality of our services?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Bad <input type="checkbox"/> Terrible
8. How are our calibration results?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Bad <input type="checkbox"/> Terrible
9. Do you agree that the services are as per your requirements?	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
10. How likely are you to continue doing business with us?	<input type="checkbox"/> Very likely <input type="checkbox"/> Likely <input type="checkbox"/> Neutral



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- | |
|--|
| <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Very unlikely |

Any other comments/suggestions to improve Our Services:

THANK YOU FOR YOUR FEEDBACK