



CLIENT & CUSTOMER FEEDBACK FORM

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For sections A and B, please tick (**√**) in the appropriate box on the right-hand side.
When a specific attribute cannot be evaluated, please tick on the column under NA (Not Applicable)

S/N	DESCRIPTION	5	4	3	2	1	NA
A. HOW WOULD YOU EVALUATE OUR STAFFS IN THE FOLLOWING AREAS?							
1	Promptness in responding to enquiries						
2	Quality of Advice (Staffs are able to offer technical Knowledge in the products/services)						
3	Timely follow-up on quotations						
4	Audit conducted as per the audit programme / plan						
5	Timely follow-up on reports						
6	In general, how would you rate our staffs						
B. HOW SATISFIED ARE YOU WITH OUR PRODUCTS AND SERVICES?							
1	Quality of our products and services						
2	Turnaround time of our products and services						
3	Timely completion of project						
4	Impartiality in our products and services						
5	In general, how would you rate our products/services						
Grading: 1) Poor (will not use again if does not improve) 2) Below Average (Below next alternative/competition) 3) Average 4) Good (Above/on par to next alternative/competition) 5) Excellent (Above/on par to most alternatives/competition)							
C. FEEDBACK & COMMENTS & SUGGESTIONS:							
Feedback By (Name):						Client's Company Stamp	
Designation:							
Company:							
Date:							

Thank you for taking the time to complete our feedback form.
Your participation in this feedback is very valuable and will definitely help us to serve you better.

Followed up by:	Reviewed by: Director (Name/Sign/Date)
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