

# Customer Feed Back Form

HTLS/QF/08

1. Name of Organization : .....
2. Address : .....
- : Tel. .... Fax .....
- : E-mail .....
3. Calibration/Test Report No. : .....
4. Name of Contact Form : .....

Sl. No.	Parameters	Feedback (Please tick any one)					Suggestion (If any)
		E	VG	G	F	NI	
1	Availability of information regarding Laboratory service						
2	Response to quwry over telephone, e-mail, fax						
3	Attention and services during visit to lab						
4	On-time completion of work including delivery of cal/test report(s)						
5	Quality of cal/test results						
6	How do you rate us compare to other laboratories?						
7	Receptiveness to complaints & suggestions						
8	Any other Pl. Specity						

## LEGEND

Excellent	Very Good	Good	Fair	Needs Improvement
E	VG	G	F	NI

Date :

Signature :

Place :

.....

**Please send your reply to :**



Managing Director,  
Hi-Tech Laboratory & Services,  
(A House of Measurement & Calibration)  
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Bhopal-462026, MP, India