



BOMBAY TEST HOUSE PVT. LTD.

FORMAT

Title: Format for customer feedback form

Department: Quality Assurance

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CUSTOMER FEEDBACK FORM

The laboratory is committed to delivering quality services to our customer. Please take a moment to fill up the customer feedback form. Your responses will help us to evaluate our efforts. Thank you.

Company's Name: _____

Contact person and Designation: _____

Contact number: _____

You can E-mail this customer feedback form on pharma@bombaytesthouse.com / enquiry@bombaytesthouse.com

or you can send this hard copy with your next sample.

Sr. No.		Excellent	Good	Below Average
1.	Promptness of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Overall Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Technical Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	How would you describe our test report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Additional comments /suggestions : (Please indicate any comments here)			

Signature:

Company stamp:

Date:

THANK YOU!