	Customer Feedback Form	Doc # IFANCA/03/37 Rev # 00 Issue Date 01-06-2018

Feedback #.....

Name:	Date:
Position:	Time:
Business type:	Company Name:
Phone:	Email address:
Address:	

Assessment Rating:

Based on your observation and experience of the feedback, rate our services in the following areas as follows:

1 – Unsatisfactory 2 – Poor 3 – Average 4 – Good 5 - Excellent

1. Response of your initial contact with Ifanca team ☐
2. Response in preparation for your initial/certification audit ☐
3. Meeting Deadlines and Commitments ☐
4. Delegation of Responsibilities ☐
5. Communication with Company Representative ☐
6. Attitude Towards Others ☐
7. Time Management: ☐
8. Usefulness of the certificate and logo ☐
9. Quality and Style of certificate ☐

Recommendations (If any)

Information Given By: _____