

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: