VACUUM STANDARD LAB (VSL)

NATIONAL INSTITUTE OF VACUUM SCIENCE AND TECHNOLOGY

Code	VSL/CCF-001	Feedback form no._____ (For office use only)	
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CUSTOMER FEEDBACK FORM

Name:_____ Organization:_____

Signature:_____ Designation:_____

Contact No: _____ Date: _____

1. **Why did you choose NINVAST vacuum standard lab? (Please mark all those applicable)**

Expertise		Customer service	
Value for money		Previous experience with us	
Impartially		Personal contact	
No other laboratory available		Recommendation	

Other reasons please specify:

_____

2. **On a scale of 1-4 please indicate your views on the service we provided.**

[1 = poor, 2 = fair, 3 = average, 4 = good]

Feedback	**N/A**	**1**	**2**	**3**	**4**
Speed of response to your enquiry.					
Access to technical expert.					
Ability to meet your technical need.					
Our attitude in dealing with you.					
Speed of producing quotation.					
Quality of certificate.					
Completion of work in time.					
Overall quality of service.					

3. **Do you have any other suggestions to improve our services?**

4. **Thank you for taking the time to provide this valuable feedback.**

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