

Food Quality Control Laboratory

Customer Satisfaction Feedback Form

Name and address of Customer:

Details of Sample:

Details of Tests Performed:

- 1. How satisfied are you with our service?**
 - a. Very Satisfied
 - b. Satisfied
 - c. Neutral
 - d. Unsatisfied
 - e. Very unsatisfied
- 2. Would you recommend us to your colleagues/contacts within your industry?**
 - a. Definitely
 - b. Probably
 - c. Not Sure
 - d. Probably Not
 - e. Definitely Not
- 3. Would you use our service in the future?**
 - a. Definitely
 - b. Probably
 - c. Not Sure
 - d. Probably Not
 - e. Definitely Not
- 4. Do you have any suggestions to help us serve you better?**

Signature with Date