

Customer Feedback Form

Customer Information	
First Name:	Surname:
Address:	
Phone Number:	Email:
Title:	Company Name:

1. Are you satisfied with the testing that was carried out? Yes/No

Additional comments:

2. Was the testing carried out to your requirements? Yes/No

Additional comments:

3. Are you satisfied with the staff regarding professionalism and aptitude? Yes/No

Additional comments:

4. Are you satisfied with the staff regarding attitude and punctuality? Yes/No

Additional comments:

5. Are you satisfied with the timeframe in which the testing was completed? Yes/No

Additional comments:

6. Are you satisfied with the test report? Yes/No

Additional comments:

7. Did we meet your overall expectations? Yes/No

Additional comments:

8. Would you use our services again? Yes/No

Additional comments:

9. Would you recommend our services to others? Yes/No

Additional comments: