

QOL-TSF/L4-042-(01)	Customer Feedback Form		
Rev. Date	08-06-2021	Original Issue:	12-08-2019

CUSTOMER FEEDBACK FORM

Feed Back No: _____
(For office use only)

Ref No: _____
(Receipt No or any other reference)

Name: _____

Address: _____

Contact No: _____

Please Tick:

Description	Excellent (1)	Very Good (2)	Good (3)	Poor (4)
Timely Report				
Staff Behavior				
Report Format				
Report Results				

Suggestion:

Signature: _____

Date: _____