


DOCUMENT # FM-QESP/10-01-00		THAL LIMITED BALOCHISTAN LAMINATES DIVISION		ISSUE # 01	
		CUSTOMER FEEDBACK FORM		ISSUE DATE 04-03-2024	Rev: 01

As a valued customer of our company, we ask that you complete this evaluation form. Our quality service committee will review your comments. We value your honest opinions regarding our work.

Customer Name: _____ Date: _____

Reviewer Name: _____

Email Address: _____

Job Title: _____

Signature: _____

- Rating:**
- 4 – Strongly Agree
 - 3 – Agree
 - 2 – Disagree
 - 1 – Strongly Disagree

Using the ratings defined above, please let us know if you agree or disagree with the following statements:

Evaluation Parameters	Feedback Rating (Tick as appropriate)			
	1	2	3	4
Enquiry Response Time				
Quality of Information Provided				
Technical Support				
Product Quantity				
Product Quality				
Documentation Provided				
Staff Professionalism				
Response against Complaint				
Delivery Time				
Overall Rating				
Conditions of vehicles upon delivery				
Conditions of emission of the vehicles				

Additional Comments: _____

Signature / Company Stamp