



MING DENG

Feedback Form

1. Your Details

Name: _____ Date: _____

Company: _____

Address: _____

Tel: _____ Fax: _____

Email Address: _____

2. Evaluation of Quality of Service

Please check (X) on the box which you think is appropriate:

	4 Excellent	3 Good	2 Satisfactory	1 Poor
a. How fast is our response to requests for quotations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How do you grade our level of technical competence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How do you grade our quality of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How is the turnaround time for equipment calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. What do you think of our after-sales service? <i>(Eg: Request for correction, re-calibration due to erratic equipment behaviour or troubleshooting)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How do you grade us with our competitors in terms of price vs quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is the range of our calibration capabilities sufficient to meet your demand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "Poor" has been given, please state the reason:

Overall Satisfaction:

3. What would you like us to offer in the future?

4. Are there any other suggestions or comments with regards to our service?