INSPIRE CERT
QUALITY AND STANDARDIZATION CERTIFICATE ISSUING SERVICES L.L.C.

CUSTOMER FEEDBACK FORM

Client Name:

Address:	
E-mail:	Website:
Contact Person:	Position in the Organization:
Phone No:	
Audit Type : ☐ Initial ☐Surveillance ☐Recertification	

[5]Excellent [4]Very Good [3] Good [2]Average [1]Below Average

Feedback Elements	Score
1. Pleasant Conversation	
2. Timely & Correctness of Information given	
3. Response on Emails	
4. Sales Visit	
5. Correct information sharing of processes	
6. Answering your queries	
7. Quotation response	
8. Allocation Information in advance	
9. Punctuality of Auditors reaching site	
10. Audit Quality	
11. Auditor Professional Conduct	
12. Team Leader brief you about the methodology of assessment	
13. Timely provision of Audit Reports	
14. Presentation Quality of Report and Correctness	
15. Timely delivery of Certificate	
16. Correctness of Certificates	
17. Price Competitiveness	
18. Correct invoicing, Taxes etc.	
19.Acknowledgement on your complaints	
20. Timely Resolution of your complaints	

Suggestions or any other points:

Auditee Name & Signature:

Date: