

FEEDBACK FORM

User Name:

Address:
.....
.....

Email:

Contact No.

1. How do you rate the services of SAIF:

Please tick in the box

1. Quality of Service: Excellent Good Average Poor

2. Turn Around Time : Fast Moderate Slow

3. Work Order : Simple Complicated

4. Data interpretation: Excellent Good Average Poor

2. Comments and suggestions

Date:

Signature:

Prepared by (SII)	Approved by (S1)	Issue: 01	Rev:00
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