

INDIAN INSTITUTE OF PACKAGING, MUMBAI.

Forms / Formats, Issue – 1, Rev. 3 Date : 28-02-05

Title : Customer feedback form

Form / Format No. : FF - 10

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Customer Name & Address : _____

: _____

: _____

: _____

Test Report No. : _____ Dated : _____

SR. NO.	COMMENTS	POOR	AVERAGE	GOOD	EXCELLENT
1.	Promptness in finalization of the Job				
2.	Presentation of the Test Report				
3.	Testing Charge (any comments)				
4.	Additional Comments if any				

Date : _____

Place : _____

(Customer's Signature)