



UPM
UNIVERSITI PUTRA MALAYSIA
BERILMU BERBAKTI

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CUSTOMER FEEDBACK ON TESTING SERVICES

Dear Valued Customer,

We would appreciate your willingness to fill up the questionnaire below. All information provided would be treated confidential.

Please return the feedback either through fax or drop in the suggestion box provided at the laboratory.

Thank you for your valued response and comments.

Name of Company: _____

*Type of Company: Industry **Student/Research (filled up Faculty/Department)
 Government Agency Others, please specify: _____

* please tick (/) the box

**Faculty/Department: _____

Test Report No.: _____

Please select: (/) Tick in the relevant boxes

No.	Category	Very Good (3)	Acceptable (2)	Poor (1)
1.	Quality of test report			
2.	Delivery			
3.	Communication			
4.	Overall services			

Comments/areas for improvements (use appendix if required):

Signature of Respondent: _____

Date: _____

Name & Designation : _____

Tel. No. / HP : _____

For internal use (to be filled up by QM/DQM):

Date received :

Feedback sent to & date :

Action need to be taken : Yes No