

## CUSTOMER FEEDBACK FORM

F MK 03 ( 00 / 01.04.16 )

Survey Period : Date :							
Customer's Name :							
Level oF SatisFaction: 10 - EXCELLENT, 8 - SATISFIED, 5 - NEEDS IMPROVEMENT							
Please mention the level oF satisFaction by [Ö] marking the points accordingly.							
Sr.		Description			Excellent	Satisfied	Needs Improvement
1	Level oF satisFaction oF our product quality (Dimensional).						
2	Level oF satisFaction oF our product quality (Material).						
3	Level oF satisFaction regarding Timely delivery.						
4	Level oF satisFaction regarding mode oF transportation.						
5	Level oF satisFaction regarding product packing method.						
6	Level oF satisFation regarding accuracy oF documents which is submitted to you						
7	Level oF satisFaction regarding timely response oF your inquiry.						
8	Level oF satisFaction regarding timely response oF your complaint.						
9	Level oF satisFaction regarding over	all response oF communication.					
10	Level oF satisFaction regarding our e	existing inFrastructure.					
		TOTAL					
Rating:  Customer satisFaction Index (CSI) = [(Observed value) / (Total Value)] x 100 =%  = [ (							
	Grade:_						
Grade: A - Excellent (Above 90%), B - SatisFactory (80% to 90%), C - Needs Improvement (Below 80%).							
For Customer,			For SHREE RAJ CASTECH PVT. LTD.				
Name :			Reviewed By :				
Signature :			Sign. :				
Date :			Date :				