**CUSTOMER FEED BACK**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vessel:** |  | **Survey:** |  | **Date:** |  |
| **Company Name:** |  |

**We value your feedback / suggestions, this will help us improve and provide you better service in the future. Please rate your experience on a scale of 1-5 by checking the relevant box in the table below:**

|  |  |  |
| --- | --- | --- |
| **5** | **Excellent:** | Exceptional / outstanding job done |
| **4** | **V Good**:  | Performance exceeded expectations |
| **3** | **Good**: | Met the requirements  |
| **2** | **Average**:  | Fell below expectations |
| **1** | **Poor**: | Well short of expectations |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. N.** | **Parameter** | **Excellent****(5)** | **V Good****(4)** | **Good****(3)** | **Average****(2)** | **Poor****(1)** |
| 1 | Your impressions on the first interaction with our staff |  |  |  |  |  |
| 2 | Was our staff able to guide you in a professional manner |  |  |  |  |  |
| 3 | Was surveyor attendance on time |  |  |  |  |  |
| 4 | Did the surveyor issue certification and supporting documents promptly |  |  |  |  |  |
| 5 | Was the surveyor suitably attired (PPE) and courteous  |  |  |  |  |  |
| 6 | Were the surveyors’ observations pertinent and helpful in overall improvement of the vessel |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Designation: |  |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

FOR OFFICE USE

|  |  |  |  |
| --- | --- | --- | --- |
| **AVERAGE SCORE** |  | **ATTENDING SURVEYOR** |  |