



**NATIONAL HEALTH PRODUCTS
QUALITY CONTROL CENTER**

Code : FO/NHQC/PD/11.02

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Version: 00

Date of issue: 08/08/2023

Effective date: 08/09/2023

**FORM
EXTERNAL FEEDBACK**

Section A – Feedback Information

Feedback No.	
Name of Customer	
Address	
Phone number	
Date of Feedback submitted	
Method of Feedback submitted	<input type="checkbox"/> Direct information <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other:

Section B – Feedback Checklist

Please rate the following questions by circling the number that best describes your experience.

Very Satisfied – 5

Satisfied – 4

Neutral – 3

Unsatisfied – 2

Very Unsatisfied – 1

Not Applicable – N/A

No.	Survey Questions	Satisfaction Rate					
		1	2	3	4	5	n/a
1	How satisfied were you with the services and approach you received?						
2	How satisfied were you with the knowledge of NHQC staff who helped you?						
3	How satisfied were you with the amount of time it took to complete your request/testing?						
4	How satisfied were you with the cost of your request/testing?						
5	How satisfied were you with the ease of use and readability of the lab report?						
6	How satisfied were you with the quality of analytical results?						
7	How would you rate your experience with NHQC?						
8	How would you rate the availability of information regarding NHQC laboratory testing services and capabilities?						
9	How satisfied were you with the responses to your query, question, complaint, problem, and feedback delivered over telephone, email, fax, etc.?						
10	How do you rate accessibility of the facility?						
11	How satisfied were you with the NHQC facility, in terms of the cleanliness, safety, etc.?						
12	Overall satisfaction						

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Please let us know if you have further suggestion for our improvement.

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