

**Dear Valued Customer,**

Thank you for choosing Kaizen Pharma. It is our great pleasure to provide you the best quality of service at all times.

Your assistance in completing this form is greatly appreciated. Your honest feedback will help us to serve you better and enable us to work on improving our service standards.

Thank you.

**Client/Company/Organization:** \_\_\_\_\_

**Contact Person/E-mail:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Address:** \_\_\_\_\_

	Excellent	Good	Fair	Poor
1. Overall Kaizen processing/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Delivery scheduled/time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Overall quality of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Response to queries and complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Compliance with specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Quality as compared to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Courtesy and professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Service done accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ability to resolve your issue on the first call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Overall satisfaction with technical support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Signature of Customer:** \_\_\_\_\_

**Comments/Suggestion (if any):**

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

**Evaluation Performed by (QA Manager/MR):**

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_