

	Form code: SF 28	Page 1 of 1	Revision No.: 04
	Title: Customer Feedback Form		Issue Date: 14/01/13
		Soft Copy Disk REF:	Accreditation
	Reviewed By:L.Muzondo	Position	Quality Manager
	Approved By: NT Mandizha	Position	Director

Date:.....

Customer Feedback No:.....

Received from (Organization):.....

Contact Person:..... Cell:.....

Customer Address:

Telephone:.....Email.....

<p>1.0 Details of Positive /Negative Feedback or Complaint (delete inapplicable)</p> <p>Received by:..... Sign..... Person responsible:.....</p> <p>2.0 Response to Positive Feedback Relevant personnel informed Yes/No Rewarded Yes/No Informed How:..... Rewarded How.....</p> <p>Done by:.....Sign.....Date.....</p> <p>3.0 Response to Negative Feedback / Complaints 3.1 Is this a nonconformity yes/no? If yes NC Report No.....</p> <p>3.2 Communications with customer 3.2.1 Agreed Actions:</p> <p>3.2.2: Follow-up</p> <p>Name..... Sign.....Date</p> <p>Quality Manager's Comments</p> <p>Name..... Sign.....Date</p> <p>4.0 Complaints: Resolved: Yes/No. If no, complaint forwarded to Director</p> <p>4.1 Director's Comments:</p> <p>Name:.....Sign.....Date.....</p>
