

CUSTOMER SATISFACTION: SURVEY QUESTIONNAIRE.

Please help us improve our customer services by completing this questionnaire. Do not sign your name. Please place in the "Survey Box" at the Laboratory reception or return to the one who gave it to you when completed.

Please tick alongside your answer where applicable.

Laboratory Customer Service Questionnaire			
Date:		Time:	
Type of service: Testing/Training/Consultancy			
Product type if testing: Food/Medicine/Cosmetics/Medical Device			
No.	Question		
1	Please rate your overall experience with your visit to our Laboratory.	Excellent <input type="checkbox"/>	Not very good <input type="checkbox"/>
		Good <input type="checkbox"/>	
		Satisfactory <input type="checkbox"/>	Poor <input type="checkbox"/>
2	How long did you have to wait to be attended?	No wait : <input type="checkbox"/>	Specify:
3	Was everything explained clearly? If NO, please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Were you treated with courtesy and care? If NO, please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Was the waiting place comfortable? If NO, please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Are the hours of service convenient for you to visit the laboratory? If NO, when is better for you to visit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Have you ever used TFDA Laboratory services before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Was it easy for you to contact the laboratory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	If the service was sample analysis, how long did it take to receive the Laboratory results?	0 - 7 days <input type="checkbox"/>	
		8 - 15 days <input type="checkbox"/>	
		16 - 21 days <input type="checkbox"/>	
		More than 30 days <input type="checkbox"/>	
10	Were you satisfied with the Laboratory results/service you received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Approved by DLS (Signature): *[Handwritten Signature]*

11	Did you have any complaints/queries regarding the services you received from TFDA laboratory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12	Was your complaint/query resolved satisfactorily?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	What can we do to assist you better?		
14	Do you have a specific comment or question?		

Thank you for helping us to be a better laboratory.

Approved by DLS (Signature): *[Signature]*