



CUSTOMER FEEDBACK FORM

Client:	Date:
Client Job No:	CSD Job No:
Client Ref No:	PO No:

As part of our Quality Management System requirements, we would appreciate if you can please take five minutes to complete the below information. This will aid us in improving our service and give us a better understanding of your requirements

Supplier Performance

Element	Score									
	Very Poor		Poor		Average		Good		Excellent	
	1	2	3	4	5	6	7	8	9	10
Product Quality										
Service Quality										
CSD Representative										
Documentation										
Delivery Time										
Communication										
Any additional comments										
Please complete and return to: kim.carroll@csd-scotland.com										

Name:

Company:

Date:

Received & Recorded:

Name:

Date: