



## CUSTOMER SERVICE FEEDBACK FORM

Dear Customer,

Please help us to improve our services by giving us your feedback on the service provided by our Customer Services or administrative staff who has served you. We aim to serve you better through continual improvement. We thank you for the time taken.

### Your Particulars

Name (Optional): \_\_\_\_\_

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

Email Address : \_\_\_\_\_

Tel. Number(s) (Home): \_\_\_\_\_ (Office): \_\_\_\_\_ (Mobile): \_\_\_\_\_

### Your Feedback

Purpose of Visit:  Registration  Enquiry  Both  Others

Waiting Time :  5 mins or less  6 to 10 mins  10 to 15 mins  More than 15 mins

Your Expectation Waiting Time:

Less than 5 mins  6 to 10 mins  10 to 15 mins  More than 15 mins

You were served by: \_\_\_\_\_

(Name/Title)

How would you rate our staff?

	Excellent	Very Good	Good	Average	Poor
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attentiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you receive the information that you wanted?

Yes  No

### Other Comments

Please provide us with Comments or Suggestions (if any) on ways we could serve you even better in the space below.

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

*SA is Committed to maintaining the Confidentiality of Student's personal particulars and undertakes not to divulge the information to any third party unless required by law or other statutory regulations.*

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