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	☐	☐	☐	☐	☐
Helpfulness	☐	☐	☐	☐	☐
Cheerfulness	☐	☐	☐	☐	☐
Attentiveness	☐	☐	☐	☐	☐
Product Knowledge	☐	☐	☐	☐	☐

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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