



Controlled Document: Customer Feedback Template
Revision: 1.0
Issue Date: 01/08/2019
Controlled Document ID: ACT-CS-Customer Feedback Form

Please use this form for suggestion, improvements and feedback for the services received from ACTNZ LTD

Date:	
Job Number/Report Number:	
Company Name:	
Authorised Representative Name:	
Contact Number:	

Overall, how satisfied are you with each area?

Feedback Areas	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely satisfied
Ease of doing business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer service experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Testing service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Feedback suggestions

Please email the response to service@nzrcm.co.nz or send it to PO Box 64126, Botany 2163