



Report# _____

Customer Feedback Form GGAS HI-TECH LABS

A. Customer Information

- Name: _____
- Organization (if any): _____
- Phone / Email: _____

B. Feedback Details

- Date of Feedback: _____
 - Type of Feedback (✓):
 Complaint Suggestion Satisfied Appreciation
 - Description: _____
-

C. Internal Review

- Received By: _____
- Department Forwarded To: _____
- Initial Remarks: _____

D. Action Taken

- Responsible Person: _____
- Action Description: _____
- Date of Action: _____
- Customer Response (if applicable):
 Satisfied Not Satisfied No Response