

Customer Feedback and Suggestions Form (Form 35)

Customer Information:	Date
Name:	
Organization:	Email:
Contact Number:	Address:
Feedback Details:	

1. How satisfied are you with the services provided by	2. Which service(s) did you use?
Alpha Analytics Limited?	 Asbestos Testing
 Very Satisfied 	 Mould Testing
 Satisfied 	
 Neutral 	
 Dissatisfied 	
 Very Dissatisfied 	
3. Please rate the following aspects of our service:	
Quality of Testing:	Accuracy of Results
○ Excellent	• Excellent
o Good	○ Good
• Fair	• Fair
o Poor	o Poor
Timeliness of Service:	Customer Service
• Excellent	• Excellent
o Good	o Good
o Fair	o Fair
o Poor	o Poor
4. How likely are you to recommend Alpha Analytics	6. Would you like to be contacted regarding your
Limited to others?	feedback?
 Very Likely 	 Yes, please contact me.
o Likely	 No, I do not require further contact.
o Neutral	
o Unlikely	
o Very Unlikely	
1. Please provide any specific comments or	
suggestions for improvement:	

Thank you for your feedback!

Thank you for your feedback! Your input is valuable to us and helps us improve our services. If you have any urgent concerns, please contact us directly at 0226496707 or admin@alphaanalytics.co.nz.

Laboratory Quality Manual				
Owner	Alpha Analytics Limited	Doc name	LQM-FORMS- Feedback and suggestion Form (Form 35)	
Author	M.Tomson	Doc number	LQM/FORMS/Form 35	
DOI	JUNE 2024	Version Number	V2	