Customer Feedback Form

Business Name	
Address	
Applicable Standard (s)	☐ISO 9001: 2015 ☐ISO 14001: 2015 ☐OHSAS 18001: 2007 ☐ AS/NZS 4801:2001 ☐ISO 45001: 2018
Audit Type	☐ Initial (Stage-1 and Stage-2) ☐ Surveillance ☐ Re-certification ☐ Surveillance and Transfer ☐ Only Transfer ☐ Other (Please specify)
GRS Reference	
Date of Feedback	
The person's title providing feedback	

Your feedback will help us to improve our services. We always strive to meet and exceeds our customer expectation. Please help us by completing the form below. *Please Score using the following details: 5 -exceed expectation; 4 – meet expectation; 3- average; 2- needs improvement; 1- below average.

Areas of interaction	Evaluation Criteria	Score*
Effective planning, preparation and briefing.	The audit Plan was sent sufficiently in advance. The audit team was well prepared for audit.	
Responsiveness on any queries	Promptness and accuracy in addressing any queries	
Punctuality	The audit carried out as per the programme.	
Coverage and interpretation of elements of the Standard.	The opening and closing meeting carried our professionally. The questions the audit team asked are relevant easy to understand. The audit team gave you enough explanation for your questions. The audit team was fair and impartial.	
Personal skills	Open minded Mature Ability to understand complex operations from a broad perspective.	
Audit report:	Complete; clear; accurate; concise; record of audit.	
Oral reporting:	Clear; Concise.	
Skills & technique	Remained in scope; objective, unbiased; questioning, cross-checks, depth, persistence; conclusions based on objective evidence; alert and act ethically	
Closing meeting:	Observations clearly presented and explained Significance of observations explained Quality system effectiveness in meeting objectives.	
Relationship	Relationship with team and client	
Effectiveness	Issues found at the audit were helpful and valuable for improving your management system.	
Suggestions for further improvement		
Any specific complaints		
Overall Score:		

Evaluation (Office Use Only):

Result (Please select)	☐Excellent (90% or over) ☐ Good (75 to 89%) ☐ Average (60 to 74%) ☐Unsatisfactory (less than 60%)
Evaluator's Name	
Title	
Areas of concern (if any)	

GRS CERTIFICATION
unlock your business potential