



Minhaj Halal Certification (Pvt.) Limited

Doc # : MHC/REC-02

Customer Feedback Form

Rev # : 00

Page : 1/1

Effective Date : 15 Feb, 21

Feedback #.....

Name:	Date:
Position:	Time:
Business type:	Company Name:
Phone:	Email address:
Address:	

Assessment Rating:

Based on your observation and experience of the feedback, rate our services in the following areas as follows:

1 – Unsatisfactory 2 – Poor 3 – Average 4 – Good 5 - Excellent

- | | |
|---|--------------------------|
| 1. Response of your initial contact with MHC team | <input type="checkbox"/> |
| 2. Response in preparation for your initial/certification audit | <input type="checkbox"/> |
| 3. Meeting Deadlines and Commitments | <input type="checkbox"/> |
| 4. Delegation of Responsibilities | <input type="checkbox"/> |
| 5. Communication with Company Representative | <input type="checkbox"/> |
| 6. Attitude Towards Others | <input type="checkbox"/> |
| 7. Time Management: | <input type="checkbox"/> |
| 8. Usefulness of the certificate and logo | <input type="checkbox"/> |
| 9. Quality and Style of certificate | <input type="checkbox"/> |

Recommendations (If any)

Information Given By: _____