Feedback #......................

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| --- | --- |
| Name:  | Date: |
| Position: | Time: |
| Business type:  | Company Name:  |
| Phone:  | Email Address: |
| Address: |

 **Assessment Rating:**

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| --- |
| 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
2. Response in preparation for your initial/certification audit

 1. Meeting Deadlines and Commitments
2. Delegation of Responsibilities
3. Communication with Company Representative
4. Attitude Towards Others
5. Time Management:
6. Usefulness of the certificate and logo
7. Quality and Style of certificate
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**Recommendations (If any)**

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Information Given By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_