

DOC #	SA-MKT-F-03	Customer Feedback Form	
Doc. Issue Date	January 01, 2021		

Form #: _____

Date: _____

SECTION-A (Customer Details)	
Customer Name	
Job Position	
Organization	
Contact Details	
Country	
Sample/Product Name	

SECTION-B							
Overall how would you rate your experience with SIDDIQUE AGRICOZE PRIVATE LIMITED?							
Sr.#	Evaluation Parameters	Poor →→→ Excellent					Rating
		1	2	3	4	5	
1.	How would you rate the Quality and Food safety of our products?	1	2	3	4	5	
2.	Were the products received on time and are traceable?	1	2	3	4	5	
3.	Was our staff courteous and knowledgeable?	1	2	3	4	5	
4.	Communication during the job was effective	1	2	3	4	5	
5.	Invoices are received in a timely manner	1	2	3	4	5	
6.	Product Delivery time	1	2	3	4	5	
7.	Was there any damage / food safety hazard to the shipment or packaging?	1	2	3	4	5	
8.	How would you rate our packaging?	1	2	3	4	5	
9.	Product Color?	1	2	3	4	5	
10.	Pricing was competitive	1	2	3	4	5	
Total (For Office use only)							

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Remarks <hr/> <hr/> <hr/>

Suggestion

Name: _____ Signature: _____ Date: _____