PGP LIFE SCIENTIFIC Medical & Laboratory Equipment	**Customer Feedback Form**	Date: Document Number: CF-20 - -

Thank you for choosing our services. Your feedback is vital to helping us improve. Please take a moment to let us know about your experience	
1-Overall, how satisfied were you with our services?	
	Very Satisfied
	Satisfied
	Neutral
	Dissatisfied
	Very Dissatisfied
Please rate the following aspects of our services on a scale of 1 to 5 (1 - Poor, 5 - Excellent):	
	Responsiveness
	Service Quality
	Communication
	Timeliness
	Professionalism
Which specific services did you use? Please rate each service you used	
What aspects of our services do you think need improvement? (Optional)	
How likely are you to recommend our services to others?	
	Very Likely
	Likely
	Neutral
	Unlikely
	Very Unlikely
Do you have any additional comments or suggestions? (Optional)	

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