



# CUSTOMER FEEDBACK FORM

**Name of Company:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Country:** \_\_\_\_\_

## Evaluation Topics:

**Product Name**

\_\_\_\_\_

#	Rating	1	2	3	4	5
1	Product Quality - Performance					
2	Product Quality - Physical Appearance					
3	On time Delivery					
4	Pricing					
5	Service & Response time					
6	Others notes: (Please specify below)					

Rating: **1- Very Dissatisfied, 2 - Dissatisfied, 3-Acceptable, 4-Good, 5-Excellent**

**Remarks:**

\_\_\_\_\_

**Based on your experience, would you recommend SFM Hospital Products to others?**

<b>Yes:</b>		<b>No:</b>		<b>Can't say:</b>	
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<b>Name, Signature</b>	<b>Stamp</b> (if available)	<b>Date</b>
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**Thank you for your valuable feedback which we intend to use to improve our products and our service to you. Please email back to [shop@sfm-berlin.de](mailto:shop@sfm-berlin.de) upon completion of your evaluation.**

### Consent to data storage

By submitting the survey form, I consent to my feedback and assignment details being stored permanently for possible queries. Note: You can revoke this consent at any time with effect for the future by sending an e-mail to [shop@sfm-berlin.de](mailto:shop@sfm-berlin.de).