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| CLIENT FEEDBACK FORM | |
| **Company Name:**  **Date of Audit:** | **Type of Audit:**  **Audit Outcome:** |
| **Company Representative:**  **Title:** | **Lead Auditor:**  **Audit Team:** |
| **1. Overall how satisfied were you with the audit service provided by CIRQ? Please use a scale from 1 to 10, where 1 equals extremely dissatisfied and 10 equals satisfied. And please tell us why you gave this rating?** | |
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| **2. What could CIRQ do to improve its auditing and certification services?** | |
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| **3.**  **Was there anything you were expecting CIRQ to do or provide that did not happen; and if so, what was it?** | |
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| **4. How would you rate each of your Auditors, using a scale from 1 to 10, where 1 equals extremely dissatisfied and 10 equals satisfied. And tell us why you gave each rating?** | |
| **Auditor #1 (Lead):**  **Auditor #2 (Support):** | |
| **5. Is there anything else you, or anyone in your company, would like to share with us about the auditing and certification services we provide?** | |
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| **6. We would love to hear about your company’s positive stories, achievements or other experiences relating to your certification below. Did you solve a problem? Win a contract? Use your quality system for another purpose? With your approval, comments or stories may appear in Insights Association publications.** | |
|  | |

**Date Sent:**

**Date Sent:**