	CUSTOMER FEEDBACK FORM
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1.	Service Availed	
2.	Docket No.	
3.	Date of delivery	

Rating (Please ✓ in appropriate box)

	Parameter	Excellent	Good	Acceptable	Need Improvement	Improvement as Compared to previous consignment	
						YES	NO
i)	Co operation from Local Representative						
ii)	Delivery Time						
iii)	Communication						
iv)	Billing & Settlement						
v)	Packing Condition						

	YES	NO	PROVIDE DETAILS
Will you avail our services again			
Will you recommend our company to your associate			
Whether your query handled effectively by our Centres			
Do you find our Web Site informative			
Is the charges of the services you availed reasonable			
Whether our entire services satisfies you			

Any additional information that would allows us to further improvement
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 QUICK N SAFE
CUSTOMER FEEDBACK FORM

Please fill up your details	
<input type="checkbox"/> Consignor	<input type="checkbox"/> Consignee
Name of the Company	
Address	
Ph. No.	
Fax No.	
Email Id	
Contact Person & Designation	

We are happy to receive your valuable feedback. Please send the duly filled up feedback form to the following address:

To
 The Management Representative
 Quick N Safe Limited
 5 Weston Street, Kolkata, WB, Pin – 700 013, India.
 T – 033 3941 3939, F – 033 3982 3172
 Email: soumit.biswas@quicknsafe.in
 (Please Post, fax the filled in Feedback Form)