



### Customer Feedback Form

**Company Name (Client):**

**Email Id:**

**Contact Person:**

**Mobile No.**

**Location**

**Warehouse Location:**

Particulars / Grading	Excellent & Outstanding	Very Good	Good	Average	Below Average	Poor
	10	9	8	7	6	<= 5
Warehousing Standard and Practices						
Professional Handling						
Warehouse Infrastructure and Quality						
Safety and Security						
Quality of the staff						
Response from Team						
Receiving Cycle Time and Reliability						
Delivery Quality						
Despatch Order Full fillment Cycle						
Inventory Accuracy						
System Up time						
POD and Record maintenance						

**Comments from Customer:**

**Over All Remarks: ..... (Out of 10)**

Date:

Company Address Seal  
& Signature

.....  
Name: