» Customer Feedback

To submit your customer feedback, download this file.
Fill out the feedback form, save it and send it with the subject "Customer feedback" to: qara@si-us-instruments.de

	Rating				
	1	2	3	4	5
Order Processing	☐	☐	☐	☐	☐
Communication between Customers and Processing	☐	☐	☐	☐	☐
Telephone Exchange	☐	☐	☐	☐	☐
Product Quality	☐	☐	☐	☐	☐
Product Information	☐	☐	☐	☐	☐
Complaint Processing	☐	☐	☐	☐	☐
Product Instruction if necessary	☐	☐	☐	☐	☐
Support from Medical Device Consultants	☐	☐	☐	☐	☐

Valuation Key:
1 = very good; 2 = good; 3 = satisfactory; 4 = sufficient; 5 = poor

Comments, possible suggestions for improvement:

Voluntary Information:

Customer / Hospital: _____

Customer No: _____

Address: _____

Interlocutor: _____

Medical Device Consultant: _____ Date: _____