



288 Libby Street  
Honolulu, HI 96819



Number: <b>FORM-LAB-901</b>	Title: <b>Feedback Form</b>	Revision: <b>10/16/2024</b>	Effective: <b>10/16/2024</b>
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Basic Information:

Date of Feedback: \_\_\_\_\_

Contact Name (optional): \_\_\_\_\_

Account/Customer Name (optional): \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

**If applicable, how satisfied are you with the complaint handling process?**

**If applicable, how satisfied are you with the complaint resolution ?**

**How satisfied are you with the services received?**

**How satisfied are you with the service pricing?**

**How satisfied are you with the customer service?**

**How satisfied are you with the reporting of results?**

**How satisfied are you with the response time to your inquiries?**

**Additional Feedback or Comments:**

**Would you like to be contacted for a follow up?      YES      NO (Check One)**

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Thank you for providing feedback! We appreciate your time and efforts to help us continuously improve.

Author: VL	Approved by: MS	Replaces: N/A	Version: 1	Page # 1 of 1
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