



## CUSTOMER FEEDBACK FORM

### 1. Type of feedback *(Please indicate type of feedback)*

Compliment

Complaint

Suggestion

### 2. Personal Details *(Please indicate category of membership)*

In service Member  Retiree

Deferred Member  Beneficiary

Others

### 3. Contact Details *(Optional)*

Name & Staff No.

Telephone Number

Email Address

### 4. Customer Service *(Optional)*

How satisfied were you with the time taken to be served?

Very satisfied  Satisfied  Not Sure  Unsatisfied  Very Unsatisfied

Did the staff who served you appear knowledgeable and professional?

Excellent  Good  Not Sure  Poor  Very Poor

How courteous and helpful was the staff who served you?

Excellent  Good  Not Sure  Poor  Very Poor

Overall, how satisfied were you with the services provided?

Very satisfied  Satisfied  Not Sure  Unsatisfied  Very Unsatisfied

*Please feel free to give your compliment(s), complaint(s) or/and suggestion(s) in the box here below.*

*Thank you for feedback.*