



**BURUNDI BUREAU OF STANDARDS AND QUALITY CONTROL**

**Customer Feedback Form**

As part of our commitment to improve the services we offer, we would appreciate if you complete this Questionnaire.

1. What type of service did you use from BBN on this occasion?

- Standards development/Technical .....
- Standards Information Resource centre.....
- Quality Assurance/Technical information.....
- Inspection Services.....
- Certification: Reference.....
- Testing Services: Sample Reference.....
- Calibration/Metrology Services; Reference.....
- Others (Please specify).....

2. How would you rate the response time for the service you acquired?

Excellent  Above average  below average  Poor

3. How would you rate the level of technical support services provided?

Excellent  Above average  below average  Poor

4. How would you rate our customer care in general?

Excellent  Above average  below average  Poor

5. Comments/compliments/complaints/suggestions or other information you may need us to know.

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**CUSTOMER DETAILS(OPTIONAL)**

1. YOUR FULL NAME:.....2. TODAY'S DATE.....
3. YOUR ADDRESS:.....
4. YOUR DAYTIME TELEPHONE NUMBER(S):.....
5. Fax:.....
6. E-mail:.....

**FOR FURTHER INFORMATION**, KINDLY CONTACT BBN ON ONATEL FREE NUMBER **22 277874**

**KINDLY DROP THIS FORM IN RBS SUGGESTION BOX NEAREST TO YOU** or fill it and send it to [info@bbn.bi](mailto:info@bbn.bi).

**Thank you in advance for your time**

Revision:00

Date:

July 2009