

SUN Area Technical Institute

815 East Market Street & 21st Century Drive, New Berlin, PA 17855

Customer Satisfaction Feedback Form

For use by SUN Tech Customers (including Students and other interested individuals)

If there is no satisfactory solution, Middle States Commission may be contacted for further action:
Middle States Commission, 3624 Market Street, Philadelphia, PA 19104, (215) 662-5603

SECTION 1 Customer: Please complete Section 1 and submit to SUN Tech's Quality Management Representative (or deposit in the QMT Box in the Main Office).

Optional Information: (If you want feedback, you will need to complete this box.)

Customer's Name: _____ Phone: _____

Address: _____ E-mail: _____

Preferred method of communication: ☐ phone ☐ e-mail ☐ regular mail ☐ in person

Customer's Comments and Suggestions: _____ **Date:** _____

Sections 2 – 5 will be completed by SUN Tech Quality Management Team

SECTION 2 QMT Action: _____ Date: _____

SECTION 3 Responsible Individual: Complete Section 3 and submit to Management Representative.

Additional Information requested about Problem/Concern: (See Work Instruction QS-101)

Assigned to (Responsible Individual): _____

Section 3 completed by: _____ Date: _____

SECTION 4 Quality Management Team Action:

SUN Tech's Proposed Actions and/or Comments and relevant dates:

Actions approved by: _____ Date: _____

SECTION 5 Verifier: Complete Section 5 and return to Management Representative.

Verification by: _____ Date: _____

Comments:

Further action? _____ Close-Out Date: _____

Customer Satisfaction Log # _____