

Mydrocarh Trinidad Cimited

Customer Feedback Form

Date [dd/mm/yyyy]:							
Company Name:							
Product/ Service received:							
Please rate the items outlined below:	N/A	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied	
1 Rate your level of satisfaction in regards to our <i>product/s</i> meeting your expectations.							
2 Rate your level of satisfaction in regards to our <i>services</i> meeting your expectations.							
3 Overall, how satisfied were you with our delive time?	ery						
4 How would you rate your interation with our employees?							
5 How would you rate our HSE compliance and/operformance?	or						
		Not Likely		Somewhat Likely		Very Likely	
6 How likely are you to use our products/ service again?	es	1	2	3	4	5	
7 How likely are you to recommend our products services to anyone else?	and	1	2	3	4	5	
8 If there is need for improvement, please state w	/hat w	vould have made	e your experie	ence with us bet	tter?		
9 What was the most memorable thing (positive or negative) from your experience with us?							
Signature & Title				_	Date		
This form can be filled on	out an	nd submitted via	any of the fo	llowing method	ls:		

ins form can be fined out and submitted the any of the form thing methods.

1. Mailed or dropped off at Hydrocarb Trinidad Limited,
Guapo Road, Fyzabad,
Trinidad, W.I.

2. On our website at http://www.hydrocarb-tt.com/

3. Emailed to **hydrocarb.tt@gmail.com**

4. Faxed to **1-868-677-7559**

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