

# SUN Area Technical Institute

815 East Market Street & 21<sup>st</sup> 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 # \_\_\_\_\_