



Customer Feedback Report

Number: SMSPSL15A
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Custodian: Manager Sales and Logistics
Owner: Chief Financial Officer

Company:					
Location:					
Name of Person providing feedback*:					
Preferred Contact Details*:					
Type of Feedback: <i>Select One (✓)</i>	Positive:		Improvement Suggestion:		Complaint*:
Details of Order/Product:					
Delivery Details:					
What aspect of our product, service or delivery exceeded/met/did not meet your expectations and why?					
What can we do in the future to avoid this re-occurring (<i>complaint only</i>)?					
Do you have any recommendations where we can improve other aspects of our service?					
Please return to SMC Sales & Logistics by / / via email.					
Feedback Received by:					
Improvement/Complaint Action Assigned to:					

**Please provide contact details for a Complaint. All complaints will be responded to by an authorised SMC Representative.*