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| **…………….. GRAM PANCHAYAT** | | | |
| **Citizen Feedback Form** | | **Ref: ISO 9001: 2015**  **Doc. ISO/CS/03** | |
| **Name &**  **Phone No.** |  | | |
| Purpose of your visit**:** |  | | |
| **Evaluation Scale** | Your Feedback | | |
| Excellent | Good | Average |
| 1. Time bound service |  |  |  |
| 1. Employees approach |  |  |  |
| 1. Basic facility for public |  |  |  |
| **Your suggestions:**  **Date:** | | | |