

# State of Alaska Metrology Laboratory Customer Satisfaction/Complaint/Feedback Form

Company/Contact information:	
Item(s) calibrated ( <b>Test number</b> ):	
Date of test:	Date of feedback:

We value your opinion and want to hear from you. Please feel free to call us instead to discuss your concerns. (907) 365-1233 or (907) 365-1249. The information provided will be used to improve the laboratory management system. Thank you for taking time to provide input.

Please email completed forms to: [dot.dms.metrology@alaska.gov](mailto:dot.dms.metrology@alaska.gov)

You may also mail completed forms to:

State of Alaska Metrology Laboratory  
12050 Industry Way Bldg. O #6  
Anchorage, AK 99515

Description/Identification of Survey Item	P o o r					G o o d					E x c e l l e n t				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1. Calibration certificate is clear and concise?	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
2. Job was completed in a timely manner?	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
3. Ease of Scheduling?	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
4. Price/Value?	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
5. Courtesy of laboratory personnel?	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
6. Courtesy of others you may have had contact with?	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
7. Were questions answered to your satisfaction?	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
8. Would you like us to contact you? Please provide contact number.	Yes					No									

## Comments/Complaints/Feedback

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