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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:** |