**Customer Service Evaluation Form- Health Information Unit, Medical Research Institute**

1. Name of the Evaluator:
2. Name of the Unit and Room number:
3. Telephone Number Extension: :
4. What was the nature of your contact with the Health Information Unit?

Formal/Informal

1. Date of Contact of Service:

1. Mode of contact (by phone/by letter/by e mail):
2. Name and designation of the contacted person:
3. Is this is a Complaint *or* a Comment:
4. Description of situation (please use additional pages if needed):
5. Has the problem been resolved?

Yes/No

1. If not, what resolution are you requesting?
2. What suggestions would you provide to the management to avoid such a problem in the future?

Thank you!

Stamp, Date & Signature of the in charge of the Unit