

Please ensure all the information is thoroughly filled out to enable us to improve our services to the best possible standards. MBG Lab will acknowledge all feedback within 3 working days. We will have due regard for your privacy.

MBG Lab Internal use
ONLY

User Information

Name (First, Last): _____
Age/DOB*: _____ Gender*: ☐ Male ☐ Female Ethnicity*: _____
Address : _____
Date: DD / MM / YY
Contact No. : _____ E-mail : _____

**information used only to monitor customer profiles to ensure no discrimination occurs*

Satisfaction Survey

Rating Criterion	Poor	Average	Good	Excellent
General Quality of Laboratory Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turnaround Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response time for attending to complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client information and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Feedback Information (please use additional sheet if required)

Type: ☐ Complaint ☐ Compliment ☐ Suggestion Date of Incident : DD / MM / YY Time: : _____
Section: _____ Details : _____

Outcome (As a result of making this complaint/feedback, is there any outcome you would like?)

☐ Yes ☐ No If yes, please provide details: _____

Signature: _____

Date: DD / MM / YY

LODGEMENT- MBG Lab will accept feedback in the following ways:

a) In Writing

- ☐ By mailing this form to MBG LAB at PO Box 597, Za'abeel 2, Dubai, UAE
- ☐ By Fax to MBG Lab on (+9714) 337 2769
- ☐ By email to info@mbg.ae

b) In Person

- ☐ By telephone (+9714) 337 2529
- ☐ By visiting MBG Lab (map available on www.mbg.ae)

Receiving date: DD / MM / YY Receiving time: ____ : ____ : ____ Received by: _____
Customer Acknowledged: ☐ Yes ☐ No Date: DD / MM / YY Means: _____
Remarks: _____

Investigation Details

Name of person investigating incident : _____ Date : DD / MM / YY
Details : _____

Actions arising from Investigation (If no action is to be taken, please explain why)

Immediate: _____

Further Recommendations: _____

Signatures

Complainant advised: ☐ Yes ☐ No Date: _____
Investigation In-charge: _____ Date: _____
Director of the Lab: _____ Date: _____