



Assessor Feedback

Ass./ L.Ass. Name :
CAB Name :
Accreditation Type :

Personal Cert. Body [] Cert. Body [] Inspection Body []

Desire from SASL in improvement of services provided to assessors, lead assessors
Please evaluate the services provided and add any complaints or suggestion for improvement :

Table with 5 columns: No, Item, Good, Adequate, Not adequate. Rows include: Getting SASL required documents for accreditation process, Communication with SASL Staff, Assistance from SASL Staff, SASL Assessor Accommodation, Collecting your Payments, Others.

Complaints :

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Suggestion for services improvement :

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Ass./ L.Ass. Name :
Signature :
Date :/...../.....