



### 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 :

No	Item	Good	Adequate	Not adequate
1	Getting SASL required documents for accreditation process :			
2	Communication with SASL Staff			
3	Assistance from SASL Staff			
4	SASL Assessor Accommodation			
5	Collecting your Payments			
6	Others			

Complaints :

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Suggestion for services improvement :

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Ass./ L.Ass. Name :.....

Signature :.....

Date : ..../...../.....