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**MG Metrology Services Inc.**

[Customer Complaint Form](#)

**IMPORTANT INFORMATION FROM MG METROLOGY:**

We want to know your COMPLAINT.

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Date of Service: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Your input is greatly appreciated to us in order to insure our continuation of improvements in providing quality CMM services. Please complete and return the customer COMPLAINT form.

Via fax (248) 363-3800 or email this completed form to [support@cmmervices.net](mailto:support@cmmervices.net)

Type of services received? Please circle and if not present, then fill in the blank under others.

Repair    Calibration    Certification    Upgrade    PM Service    Move    Installation

Others: \_\_\_\_\_

Please rate the quality and confidence level of services received:

Poor                  Fair                  Average                  Good                  Excellent

**1. Are there any outstanding concerns or issues that have not been addressed?**

Please Explain \_\_\_\_\_

**2. Customer Complaint Statement?**

\_\_\_\_\_