

07. [SIMPLE RENEWAL.. Rev. No: ___

Name of Client / Pangala	n ng Kliyente (Optional):
E-mail / Contact No.:	
Gender / Kasarian: MALI	
	ng Transaksyon: <u>JANUARY 24, 2024</u>
Time / Oras: 10:00:0	
Name of Employee / Pan	galan ng Empleyado:
Service Availed / Serbisyo	ong Natanggap:
Client Type: [] Ge	eneral Public [] Government Employee
	siness Organization
	lient wishes to provide feedback:
[] Reception	[] Online Appointment
[] Payment of Fees	[] Enrolment
[] Appointment Verificat	
[] Processing of Applicat	ion
Check the Icon / Lagyan n	
Quality of Service / Kal	idad ng Serbisyo
Courtesy	
(Pagiging Magalang)	
Promptness	(\odot) (\odot) (\odot) (\odot)
(Kabilisan ng Serbisyo) Knowledge and Ability	
(Kaalaman at	\odot \odot \odot \odot \odot
Kakayahan)	
Communication	
(Komunikasyon)	
<u> </u>	
Quality of Facilities / Ka	alidad ng mga Pasilidad
Comfort (Kaginhawaan)	
Cleanliness (Kalinisan)	
Sufficiency (Sapat na	
Pasilidad, Kagamitan)	
r dollada, ragarillari,	
Quality of Document /	Kalidad ng Dokumento
Accuracy (Wasto)	
(Trade)	
Completeness	
(Kumpleto)	
Cost (Halaga)	
Inputs/Comments/S	uggestion (Komento/Suhestyon):
\odot	
Very Satisfied Satisfied (5)	Neutral Dissatisfied Very (3) (2) Dissatisfied (1)
Satisfied (5) (4)	(3) (2) Dissatisfied (1)

Reminder: The contents of this form shall be kept confidential and for internal use/evaluation only.