


# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 1/04-25-16

To be filled out by DOST-MIMAROPA staff		
 <b>DEPARTMENT OF SCIENCE AND TECHNOLOGY</b> <b>MIMAROPA REGION</b>	Date of visit/encounter:	Attending Staff:
	Aug. 2, 2023	Mr. Angelica F. Tomin
Services inquired on/availed:		
<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Food Processing  <input checked="" type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture </div> <div> <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Health and Pharma.  <input type="checkbox"/> ICT  <input type="checkbox"/> Others, pls. specify  <u>ICE MANT</u> </div> </div> <input type="checkbox"/> Techno. Consultancy <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MPEX  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT </div> <div> <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify </div> </div>		
<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input checked="" type="checkbox"/> Others, pls. specify <u>Consulting on Building/</u> <u>Iceplant facility Design</u> How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)		

To be filled out by all customers																																				
To help us serve you better, please completely fill up this survey.																																				
<b>SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)</b>																																				
Name: <u>RUBY M. MURCHANTE</u>	First time to visit DOST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																			
School/Company/Organization Name:	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female																																			
Address (Brgy./Mun./Prov.): <u>POBLACION, SAN AGUSTIN, ROMBLON</u>	Age Group: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40 </div> <div> <input type="checkbox"/> 41-50  <input type="checkbox"/> 51-59  <input checked="" type="checkbox"/> 60 &amp; above </div> </div>																																			
Tel or Cel No./E-mail Add.: <u>09399130588/</u>	Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																			
Classification: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Student  <input type="checkbox"/> Owner of a business  <input type="checkbox"/> Employee of a business  <input checked="" type="checkbox"/> Government employee  <input type="checkbox"/> Professional, pls. specify </div> <div> <input type="checkbox"/> Overseas Filipino Worker  <input type="checkbox"/> Not employed (retiree/displaced)  <input type="checkbox"/> Others, pls. specify </div> </div>	Level of Education: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Elementary  <input type="checkbox"/> High School  <input checked="" type="checkbox"/> College </div> <div> <input type="checkbox"/> Masters/ PhD.  <input checked="" type="checkbox"/> Others, pls. specify  <u>27 Units in MPA</u> </div> </div>																																			
<b>SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)</b>																																				
Please rate your level of satisfaction with the delivery of service:																																				
Drivers of Satisfaction	<table border="1"> <thead> <tr> <th>1-Very Satisfied</th> <th>2-Satisfied</th> <th>3-Neutral</th> <th>4-Dissatisfied</th> <th>5-Very Dissatisfied</th> </tr> </thead> <tbody> <tr> <td>Speed and timeliness. ....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Quality of service rendered. ....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Relevance of service rendered. ....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Staff competence. ....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Staff attitude. ....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Overall perception of service rendered ...</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied	Speed and timeliness. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality of service rendered. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relevance of service rendered. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff competence. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff attitude. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall perception of service rendered ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How likely is it that you would recommend/endorse DOST's services to others?																																				
Not at all likely 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input checked="" type="checkbox"/> Extremely likely																																				
Please help us improve our services with your suggestions and/or comments below. Thank you! ☺																																				
<b>SECTION 3: FOR LIBRARY USERS ONLY</b>																																				
Were your queries answered? <input type="checkbox"/> Yes <input type="checkbox"/> No																																				
Please specify subject of interest.																																				
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What is your main reason for using the library?																																				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> To support course of study/school requirement  <input type="checkbox"/> Leisure/general enjoyment </div> <div> <input type="checkbox"/> Independent learning/research  <input type="checkbox"/> Others, pls. specify </div> </div>																																				