


CUSTOMER SATISFACTION FEEDBACK FORM

TO F1
Rev 1/04-25-16

To be filled out by DOST-MIMAROPA staff

 **DEPARTMENT OF SCIENCE AND TECHNOLOGY**
MIMAROPA REGION

Date of visit/encounter: 8-18-2023

Attending Staff: SLC

Services inquired on/availed:

☐ Technology Needs Assessment (TNA)

☒ Techno. Transfer & Commercialization (SETUP/GIA)

☐ Project Proposal Preparation

☐ Packaging and Labeling

☐ Technology Training

☐ Technology Clinics/Forum

☐ Scholarship

☐ Laboratory (Metrology/Microbiology)

☐ Library/Information

☐ Others, pls. specify _____

☐ Techno. Consultancy

☐ MPEX

☐ CAPE

☐ CPT

☐ Food Processing

☐ Gifts, Housewares, Decors

☐ Agri./Horticulture

☐ Aquaculture/Marine

☐ Furniture

☐ Metals & Engineering

☐ Health and Pharma.

☐ ICT

☐ Others, pls. specify _____

☐ Energy Audit

☐ Others, pls. specify _____

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.

SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)

Name: Teodoro A. ZACARIAS

First time to visit DOST? ☐ Yes ☒ No

School/Company/Organization Name: Panamihagan San Jose, Pambolan

Sex: ☒ Male ☐ Female

Address (Brgy./Mun./Prov.): Panamihagan San Jose, Pambolan

Age Group:

☐ 15 & below ☐ 41-50

☐ 16-20 ☐ 51-59

☐ 21-30 ☒ 60 & above

☐ 31-40

Tel or Cel No./E-mail Add.: 09460971472

Classification:

☐ Student ☐ Overseas Filipino Worker

☐ Owner of a business ☐ Not employed (retiree/displaced)

☐ Employee of a business ☐ Others, pls. specify _____

☒ Government employee

☐ Professional, pls. specify _____

Person with Disability? ☐ Yes ☒ No

Level of Education:

☐ Elementary ☐ Masters/ PhD.

☒ High School ☐ Others, pls. specify _____

☐ College

SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	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"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Staff competence.....	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Overall perception of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you would recommend/endorse DOST's services to others?

Not at all likely 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☒ Extremely likely

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered? ☐ Yes ☐ No

Please specify subject of interest.

☐ Agri./Horticulture ☐ Food Processing ☐ ICT

☐ Aquaculture/Marine ☐ Gifts, Housewares, Decors ☐ Metals & Engineering

☐ Furniture ☐ Health and Pharma. ☐ Others, pls. specify _____

What is your main reason for using the library?

☐ To support course of study/school requirement ☐ Independent learning/research

☐ Leisure/general enjoyment ☐ Others, pls. specify _____