

# 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: <u>2/6/22</u>	Attending Staff: _____
	<b>Services Inquired on/availed:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> <b>Technology Needs Assessment (TNA)</b>  <input type="checkbox"/> <b>Techno. Transfer &amp; Commercialization (SETUP/GIA)</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture </div> <div style="width: 45%;"> <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Health and Pharma.  <input type="checkbox"/> ICT  <input type="checkbox"/> Others, pls. specify _____ </div> </div> </div> <div style="width: 45%;"> <input type="checkbox"/> <b>Project Proposal Preparation</b>  <input type="checkbox"/> <b>Packaging and Labeling</b>  <input type="checkbox"/> <b>Technology Training</b>  <input type="checkbox"/> <b>Technology Clinics/Forum</b>  <input type="checkbox"/> <b>Scholarship</b>  <input type="checkbox"/> <b>Laboratory (Metrology/Microbiology)</b>  <input type="checkbox"/> <b>Library/Information</b>  <input type="checkbox"/> <b>Others, pls. specify</b> _____ </div> </div>	
<input type="checkbox"/> <b>Techno. Consultancy</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> MPEX  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT </div> <div style="width: 45%;"> <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify _____ </div> </div>	<b>How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)</b> _____	

**To be filled out by customers**

**To help us serve you better, please completely fill up this survey.**

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**SECTION 1: CUSTOMER'S PROFILE**

<b>Name:</b> <u>Leodagari P. Quiroz Jr</u> <b>School/Company/Organization Name:</b> <u>GENRAD ARAS MPC</u> <b>Address (Brgy./Mun./Prov.):</b> <u>SMO FORTINADO, P.O.B. MAY-DUL, MALAY</u> <b>Tel or Cel No./E-mail Add.:</b> <u>09086652137</u>	<b>First time to visit DOST?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Sex:</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <b>Age Group:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40 </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> 41-50  <input checked="" type="checkbox"/> 51-59  <input type="checkbox"/> 60 &amp; above </div> </div>
<b>Classification:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Student  <input type="checkbox"/> Owner of a business  <input checked="" type="checkbox"/> Employee of a business  <input type="checkbox"/> Government employee  <input type="checkbox"/> Professional, pls. specify _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Overseas Filipino Worker  <input type="checkbox"/> Not employed (retiree/displaced)  <input type="checkbox"/> Others, pls. specify _____ </div> </div>	<b>Person with Disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Level of Education:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Elementary  <input type="checkbox"/> High School  <input checked="" type="checkbox"/> College </div> <div style="width: 45%;"> <input type="checkbox"/> Masters/ PhD.  <input type="checkbox"/> Others, pls. specify _____ </div> </div>

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**SECTION 2: CUSTOMER EVALUATION/FEEDBACK**

**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 a friend or colleague?**

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! ☺**

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**SECTION 3: FOR LIBRARY USERS ONLY**

**Were your queries answered?** ☐ Yes ☐ No

**Please specify subject of interest.**

<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____
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**What is your main reason for using the library?**

<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____
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