

CUSTOMER SATISFACTION FEEDBACK FORM

TO F1
Rev 0/01-02-14



DEPARTMENT OF SCIENCE AND TECHNOLOGY
MIMAROPA REGION

To be filled out by DOST-MIMAROPA staff

Date of visit:

May 24, 2022

Attending Staff:

f

Services inquired on/availed:

☐ Technology Needs Assessment (TNA)

☒ Techno. Transfer & Commercialization (SETUP/GIA)

☐ Food Processing

☐ Gifts, Housewares, Decors

☐ Agri./Horticulture

☐ Aquaculture/Marine

☐ Furniture

☐ Metals & Engineering

☐ Health and Pharma.

☐ ICT

☐ Others, pls. specify

☐ 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

☐ Energy Audit

☐ Others, pls. specify

To be filled out by customers

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

SECTION 1: CUSTOMER'S PROFILE

Name: ANA MARIA Q. ALEGADO

First time to visit DOST? ☒ Yes ☐ No

School/Company/Organization Name:

MMHS - MAGSAYSAY NATIONAL HIGH SCHOOL

Sex: ☐ Male ☒ Female

Address (Brgy./Mun./Prov.):

MAGSAYSAY, OCC. R. N. DOST

Age Group:

☐ 15 & below

☐ 16-20

☐ 21-30

☐ 31-40

☐ 41-50

☐ 51-59

☒ 60 & above

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

Classification:

☐ Student

☐ Owner of a business

☐ Employee of a business

☒ Government employee

☐ Professional, pls. specify

☐ Overseas Filipino

☐ Worker

☐ Not employed

☐ (retiree/displaced)

☐ Others, pls. specify

Person with Disability? ☐ Yes ☐ No

Level of Education:

☐ Elementary

☐ High School

☒ College

☐ Masters/ PhD.

☐ Others, pls. specify

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"/> |

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

SECTION 3: FOR LIBRARY USERS ONLY

Where your queries answered? ☐ Yes ☐ No

Please specify subject of interest.

☐ Agri./Horticulture

☐ Aquaculture/Marine

☐ Furniture

☐ Food Processing

☐ Gifts, Housewares, Decors

☐ Health and Pharma.

☐ ICT

☐ Metals & Engineering

☐ Others, pls. specify

What is your main reason for using the library?

☐ To support course of study/school requirement

☐ Leisure/general enjoyment

☐ Independent learning/research

☐ Others, pls. specify

DEPARTMENT OF SCIENCE AND TECHNOLOGY
MIMAROPA Region

TO F5
Rev. 01/10/01/09

IMPACT ASSESSMENT QUESTIONNAIRE FOR
CONSULTANCY and TECHNOLOGY TRANSFER

Name of Company: MASBISAY NATIONAL HIGH SCHOOL Reference No. _____
Address: MASBISAY, ILOC. 1412000
Tel / Fax No.: _____
Contact Person: AKA MARIA Q. ALEGADO Position: TEACHER 1A

I. Services availed of during the last 6 - 12 months (please check):

☐ MPEX ☐ STEAM-DATBED ☐ GMP and HACCP
☐ CAPE ☐ CPA and EA ☐ Packaging/Labeling
☐ STEVPP ☒ SETUP/NON-SETUP ☐ Others, (Pls specify)

II. Please check appropriate box of the impact/benefits gained by your organization for the technical and consultancy services conducted within your company/firm/farm.

- ☐ Improved product/service quality
- ☐ Reduced production cost (by how many percent? _____)
- ☐ Reduced scrap, rework or wastage (by how many percent? _____)
- ☐ Improved product/service delivery reliability
- ☒ Enhanced employee's technical skills, attitude, creativity, and problem solving skills
- ☐ Improved processes
- ☐ Improved utilization of equipment
- ☒ Improved technology adaptation capability
- ☐ Increased production/sales (by how many percent? ____/____)
- ☐ Generated additional revenues (by how many percent? ____/____)
- ☐ Reduced customer complaints
- ☐ Improved food safety

III. Comments/Suggestions

Name of Respondent: AKA MARIA Q. ALEGADO Signature: _____
Position: TEACHER 1A Date: DEC. 2, 2002

Thank you.