

# 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: Feb. 2, 2022

Attending Staff: MAF MILKET

Services Inquired on/availed:

<input type="checkbox"/> Technology Needs Assessment (TNA)	<input type="checkbox"/> Project Proposal Preparation
<input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)	<input type="checkbox"/> Packaging and Labeling
<input type="checkbox"/> Food Processing	<input type="checkbox"/> Technology Training
<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> Technology Clinics/Forum
<input type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> Scholarship
<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Laboratory (Metrology/Microbiology)
<input type="checkbox"/> Furniture	<input type="checkbox"/> Library/Information
<input type="checkbox"/> Others, pls. specify <u>red Marble Gce</u>	<input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Techno. Consultancy	
<input type="checkbox"/> MPEX	<input type="checkbox"/> Energy Audit
<input type="checkbox"/> CAPE	<input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> CPT	

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: Preschel G. Factor

School/Company/Organization Name: RSU

Address (Brgy./Mun./Prov.): Brgy. Iwanag, Edjangan, Romblon

Tel or Cel No./E-mail Add.: 09958200312 / rsu.rep@gmail.com

First time to visit DOST? ☐ Yes ☒ No

Sex: ☐ Male ☒ Female

Age Group:

<input type="checkbox"/> 15 & below	<input type="checkbox"/> 41-50
<input type="checkbox"/> 16-20	<input type="checkbox"/> 51-59
<input checked="" type="checkbox"/> 21-30	<input type="checkbox"/> 60 & above
<input type="checkbox"/> 31-40	

Classification:

<input type="checkbox"/> Student	<input type="checkbox"/> Overseas Filipino Worker
<input type="checkbox"/> Owner of a business	<input type="checkbox"/> Not employed (retiree/displaced)
<input checked="" type="checkbox"/> Employee of a business	<input type="checkbox"/> Others, pls. specify _____
<input checked="" type="checkbox"/> Government employee	
<input type="checkbox"/> Professional, pls. specify _____	

Person with Disability? ☐ Yes ☒ No

Level of Education:

<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.
<input type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify _____
<input checked="" type="checkbox"/> 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.

<input type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> Food Processing	<input type="checkbox"/> ICT
<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> Metals & Engineering
<input type="checkbox"/> Furniture	<input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> Others, pls. specify _____

What is your main reason for using the library?

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