


CUSTOMER SATISFACTION FEEDBACK FORM

TO F1
Rev 1/04-25-16

To be filled out by DOST-MIMAROPA staff

 <p>DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION</p>	Date of visit/encounter: <u>June 05, 2009</u>	Attending Staff: <u>Juls Anton Clark Mac</u>
	Services inquired on/availed:	

<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA) <input type="checkbox"/> Food Processing <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> Agri./Horticulture <input checked="" type="checkbox"/> ICT <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Others, pls. specify <input type="checkbox"/> Furniture <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	<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 type="checkbox"/> Others, pls. specify _____ How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)
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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: <u>CATHERINE BHEL AGUILA</u> School/Company/Organization Name: <u>KOMBLON STATE UNIVERSITY</u> Address (Brgy./Mun./Prov.): <u>LIWAN LG, BOLONGAN, KOMBLON</u> Tel or Cel No./E-mail Add.: <u>0927-0074529 / chagaila03@gmail.com</u>	First time to visit DOST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age Group: <input type="checkbox"/> 15 & below <input checked="" type="checkbox"/> 41-50 <input type="checkbox"/> 16-20 <input type="checkbox"/> 51-59 <input type="checkbox"/> 21-30 <input type="checkbox"/> 60 & above <input type="checkbox"/> 31-40 Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level of Education: <input type="checkbox"/> Elementary <input checked="" type="checkbox"/> Masters/ PhD. <input type="checkbox"/> High School <input type="checkbox"/> Others, pls. specify <input type="checkbox"/> College
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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"/> Government employee <input type="checkbox"/> Others, pls. specify <input type="checkbox"/> Professional, pls. specify	
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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 type="checkbox"/>	<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"/>	<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"/> 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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