

CUSTOMER SATISFACTION FEEDBACK FORM

TOFI
Rev 1/04-25-18

To be filled out by DOST-MIMAROPA staff

DEPARTMENT OF SCIENCE AND TECHNOLOGY
MIMAROPA REGION

Date of visit/encounter: 09-28-22

Attending Staff: ZCE / ASFA

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 _____

☐ Techno. Consultancy
☐ MPEX
☐ CAPE
☐ CPT
☐ Energy Audit
☐ Others, pls. specify _____

☐ Project Proposal Preparation
☐ Packaging and Labeling
☐ Technology Training
☐ Technology Clinics/Forum
☐ Scholarship
☐ Laboratory (Metrology/Microbiology)
☐ Library/Information
☐ 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: CHRISTIAN ANDREW C. BONTAPA

School/Company/Organization Name: Mingul

Address (Brgy./Mun./Prov.): VICTORIA, ORIENTAL MINDANAO

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

First time to visit DOST? ☐ Yes ☒ No

Sex: ☒ Male ☐ Female

Age Group:
☐ 15 & below ☒ 41-50
☐ 16-20 ☐ 51-59
☐ 21-30 ☐ 60 & above
☐ 31-40

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 _____