


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:
05/26/23

Attending Staff:
Keith (thru call)

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: Harvey Dulay

School/Company/Organization Name: MSL Torrijos

Address (Brgy./Mun./Prov.): Pocoy, Torrijos

Tel or Cel No./E-mail Add.: 0966 630 3612

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 type="checkbox"/> 21-30	<input type="checkbox"/> 60 & above
<input checked="" 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 checked="" type="checkbox"/> Masters/ PhD.
<input type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify _____
<input 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 _____