


# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 1/04-25-16

To be filled out by DOST-MIMAROPA staff		
 <b>DEPARTMENT OF SCIENCE AND TECHNOLOGY</b> <b>MIMAROPA REGION</b>	Date of visit/encounter:	Attending Staff:
	November 8, 2023	SL Portumino
Services inquired on/availed:		
<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture </div> <div> <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Health and Pharma.  <input type="checkbox"/> ICT  <input checked="" type="checkbox"/> Others, pls. specify _____ </div> </div> <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 _____		
<input type="checkbox"/> Techno. Consultancy <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MPEX  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT </div> <div> <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify _____ </div> </div>		
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.	
<b>SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)</b>	
Name: <u>RICHEL S. FAUQUEZA</u>	First time to visit DOST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
School/Company/Organization Name: <u>4A Club</u>	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Address (Brgy./Mun./Prov.): <u>Maya, Caboran, Romblon</u>	Age Group:
Tel or Cel No./E-mail Add.: <u>09278637249</u>	<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input checked="" type="checkbox"/> 31-40
Classification:	Person with Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify _____	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify _____
Level of Education:	
<input type="checkbox"/> Elementary <input type="checkbox"/> High School <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 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input checked="" type="checkbox"/> Extremely likely					

Please help us improve our services with your suggestions and/or comments below. Thank you! 😊		
<b>SECTION 3: FOR LIBRARY USERS ONLY</b>		
Were your queries answered? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____
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 _____	