

# 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:

March 6, 2023

Attending Staff:

Keith

Services inquired on/availed:

<input type="checkbox"/> Technology Needs Assessment (TNA)	<input type="checkbox"/> Project Proposal Preparation
<input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)	<input type="checkbox"/> Packaging and Labeling
<input checked="" 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"/> Metals & Engineering	<input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Health and Pharma.	
<input type="checkbox"/> ICT	
<input checked="" type="checkbox"/> Others, pls. specify <u>Malnutrition Mitigation</u>	
<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: <u>Catherine L. DuLay</u>	First time to visit DOST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
School/Company/Organization Name: <u>Provincial Nutrition Office</u>	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Address (Brgy./Mun./Prov.): <u>Balaring, Boac</u>	Age Group:
Tel or Cel No./E-mail Add.: <u>09219077402</u>	<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:	Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Student	Level of Education:
<input type="checkbox"/> Owner of a business	<input type="checkbox"/> Elementary <input type="checkbox"/> Masters/ PhD.
<input type="checkbox"/> Employee of a business	<input type="checkbox"/> High School <input type="checkbox"/> Others, pls. specify _____
<input checked="" type="checkbox"/> Government employee	<input checked="" type="checkbox"/> College
<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 _____	

## 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 _____