MINDANAO STATE UNIVERSITY - ILIGAN INSTITUTE OF TECHNOLOGY

MEMORANDUM ORDER No. 2024-005 - OME

To

ALL RESPONSIBILITY CENTER HEADS CONCERNED

Subject:

IMPLEMENTATION OF THE HARMONIZED CLIENT SATISFACTION

MEASUREMENT SURVEY (CSMS) EFFECTIVE JUNE 01. 2024

Date

May 22, 2024

In compliance to the Anti-Red Red Tape Authority Memorandum Circular Nos. 2022-05 series of 2022 and 2023-005 series of 2023 or the "Guidelines on the Implementation of the Harmonized Client Satisfaction Measurement", the Office of the Vice-Chancellor for Strategic Initiatives through the Office of Monitoring and Evaluation hereby implements the Harmonized Client Satisfaction Measurement (CSM) Survey effective June 01, 2024, in offices of the University with internal and external services.

In this regard, all the concerned offices are hereby advised to use their assigned survey links and Quick Response (QR) Codes for their online client satisfaction measurement surveys as indicated in the Annex of this memorandum. The revised and harmonized Client Satisfaction Measurement Survey Questionnaire (FM-MSU-IIT-CSMS-001, Revision No. 02) is also attached in the annex.

Please be informed that the Office of Monitoring and Evaluation will be monitoring the survey responses so the concerned office can take immediate action/s should there be poor ratings or undesired comments from the respondents. Hence, we encourage offices to ensure that all clients answer the survey after availing themselves of a specific service. The google form of the harmonized Client Satisfaction Measurement Survey will also be made available on the my.IIT portal under the "Client Satisfaction Survey" module not later than June 01, 2024.

Moreover, the Responsibility Center Heads will be given access to view the raw data/responses of the survey through their respective email addresses for monitoring purposes at a later date.

Should you have concerns regarding this memorandum, please feel free to call us at (063) 222-5853 local 4159 and look for Mr. Mark June L. Aporador, Project Development Officer III or Ms. Antonette T. Montecino II of Office of Monitoring and Evaluation (OME) for further assistance.

Thank you for the continued support and cooperation. Thank you very much and God bless!

Sincerely yours,

ALAS, MMBM, PDGSDS

Director, Office of Monitoring and Evaluation

Noted by:

RESURRECCION, Ph.D. PROF. PAMELA F

Vice-Chancellor for Strategic Initiatives

ANNEX

OFFICE	LINK	QR CODE
Accounting Division	bit.ly/CSMAccounting	
Alumni and Endowment Fund Center	bit.ly/CSMAEFC	
Cashiering Division	bit.ly/CSMCashiering	
CED- Integrated Development School	bit.ly/CSMIDS	
Center for Advanced Education and Lifelong Learning	bit.ly/CSMCAELL	
Center for Information and Communication Technology	bit.ly/CSMCICT	

OFFICE	LINK	QR CODE
College of Education	bit.ly/CSMCED	
Hostel	bit.ly/CSMHostel	
Human Resource Management Division	bit.ly/CSMHRMD	
Infrastructure Services Division	bit.ly/CSMISD	
Knowledge and Technology Transfer Office	bit.ly/CSMKTTO	
Legal Services Office	bit.ly/CSMLSO	

OFFICE	LINK	QR CODE
MSU-IIT Center for Resiliency	bit.ly/CSMMCR	
Natural Science Museum	bit.ly/CSMNSM	
Office of Admissions, Scholarships and Grants	bit.ly/CSMOASG	
Office of Guidance and Counseling	bit.ly/CSMOGC	
Office of Medical, Dental and Health Services	bit.ly/CSMClinic	
Office of Monitoring and Evaluation	bit.ly/CSMOME	

OFFICE	LINK	QR CODE
Office of Sports Development	bit.ly/CSMOSD	
Office of Student Development Services	bit.ly/CSMOSDS	
Office of the Campus Secretary	bit.ly/CSMOCS	
Office of the University Registrar	bit.ly/CSMOUR	
Procurement Management Division	bit.ly/CSMPMD	
Security and Investigation Division	bit.ly/CSMSID	

OFFICE	LINK	QR CODE
Supply and Property Management Division	bit.ly/CSMSPMD	
University Library	bit.ly/CSMLibrary	
WE CARE Office	bit.ly/CSMWCO	



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CLIENT SATISFACTION MEASUREMENT Survey Questionnaire

Your fe	lient Satisfaction Measurement Survey (CS eedback on your recently concluded tran I that the personal information shared will I	saction wil	l help this	s office pr	ovide a be		
Client t	type: Citizen Business Governm	nent (Employ	ee or ano	ther agenc	y)		
Date: _	Sex: □ N	Male □ Fe	male	Age:			
Region	of residence: Service A	Availed:					
Office	where the service was availed:						
Personi	nel you transacted with:						
Charter	UCTIONS: Check mark () your answer is an official document that reflects the ments, fees, and processing times among o	he services					
CC1	Which of the following best describes y ☐ 1. I know what a CC is and I saw thi. ☐ 2. I know what a CC is but I did NO. ☐ 3. I learned of the CC only when I sa ☐ 4. I do not know what a CC is and I did	s office's Co T see this of aw this offic	C. fice's CC e's CC.		ver 'N/A' (on CC2 and	d CC3)
CC2		would you ☐ 4. Not vis ☐ 5. N/A			is office w	vas?	
CC3		CC1), how □ 3. Did no □ 4. N/A		the CC he	lp you in y	our transa	ction?
INSTR	RUCTIONS:						
For SQ	2D 0-9, please put a check mark (✓) on the	column tha	t best com	responds to	your ans	wer.	
S	Service Quality Dimension Indicators	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
SQD(0 the client's overall experience with the service availed in t	the office.)					
I am s	satisfied with the service that I availed.						
(Is the v	1. Responsiveness willingness to help, assist, and provide prompt service to cont a reasonable amount of time for my	itizens/clients.)					





MINDANAO STATE UNIVERSITY ILIGAN INSTITUTE OF TECHNOLOGY OFFICE OF QUALITY ASSURANCE MANAGEMENT SERVICES

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Service Quality Dimension Indicators	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A Not Applicable
SQD2. Reliability						
(Is the provision of what is needed and what was promised, following	g the policy ar	nd standards,	with zero to a	ninimal erroi	rate.)	
The office followed the transaction's requirements and steps based on the information provided.						
SQD3. Access and Facilities (Is the convenience of the location, ample amenities for comfortable	transactions	use of clear s	ionages and m	odes of techno	ology.)	
The steps (including payment) I needed to do for my transaction were easy and simple.			00			
The receiving/ waiting/ processing/ working area, office facilities, etc. has visual appeal and comfiness.						
SQD4. Communication (Is the act of keeping citizens and clients informed in a language the	v can easilv u	nderstand as	well as listenir	ng to their fee	dhack.)	
I easily found information about my transaction from the office or its website.						
SQD5. Cost (Is the satisfaction with timeliness of the billing, billing process/es, pacceptable range of costs, and qualitative information on the cost of		nods of payme	nt, reasonable	payment peri	od, value for i	noney, the
I paid a reasonable amount of fees for my transaction.						
SQD6. Integrity (Is the assurance that there is honesty, justice, fairness, and trust in	each service v	while dealing	with the citizer	ns/clients.)		
I feel the office was fair to everyone, or "walang palakasan", during my transaction.						
SQD7. Assurance (Is the capability of the frontline staff to perform their duties, product and ser I was treated courteously by the staff, and (if asked for help) the staff was helpful.	vice knowledge,	understand citt	zen/client needs,	helpfulness, an	d good work re	lationships.)
The staff is knowledgeable of the functions						
and/or operations of the office.						
and/or operations of the office. The staff has the ability to complete the transaction. SQD8. Outcome	ts of governm	ent services.)				
and/or operations of the office. The staff has the ability to complete the transaction. SQD8. Outcome (Is the extent of achieving outcomes or realizing the intended benefit I got what I needed from the government office, or (if denied) denial of request was sufficiently	ts of governm	ent services.)				
and/or operations of the office. The staff has the ability to complete the transaction. SQD8. Outcome (Is the extent of achieving outcomes or realizing the intended benefit I got what I needed from the government office, or (if denied) denial of request was sufficiently explained to me. SQD9. Empathy		ent services.)				
and/or operations of the office. The staff has the ability to complete the transaction. SQD8. Outcome (Is the extent of achieving outcomes or realizing the intended benefit or (if denied) denial of request was sufficiently explained to me.		ent services.)				

