

| Doc | ument Code No. | | | | |
|--------------------|----------------|----------|--|--|--|
| FM-MSU-IIT-CDI-005 | | | | | |
| Revision No. | Effective Date | Page No. | | | |
| 00 | 02.20.2020 | 1 of 1 | | | |

DOCUMENT CHANGE REQUEST (DCR)

| Department/Office Date filed | epartment/Office : Office of Monitoring and Evaluation ate filed : May 07, 2024 | | DCR No.: | | |
|--|---|---|-------------------------|--|--|
| Date filed | . <u>May 07, 2024</u> | | | | |
| Type of Request | () New Document (✓) Docum () Document Correction () Others | ent Revision () Document No | ullification | | |
| Type of Document | 1,1 | edure () Documented Procedu ent with ARTA CSM Questionnaire | | | |
| Justification of change | () New Document () Typin () New Responsibility (✓) Chan () Others | | | | |
| Document Code Num | ber and Title: FM-MSU-IIT-CSS-001- Client | Satisfaction Questionnaire | | | |
| Revision Status: Fro | | Surginerion Autonomina | | | |
| | DESCRIPTION OF DO | CUMENT CHANGE | | | |
| | From Existing | To (Propos | ed) | | |
| FM-MSU-IIT-CSS-C Client Satisfaction Q (See attached docum | uestionnaire | FM-MSU-IIT-CSMS-001 Client Satisfaction Measuremen (See attached document.) | nt Survey Questionnaire | | |
| Request Result: Reasons for Denia | Approved | Revis | sed | | |
| de | ed by (Process Owner): ALAS, MMBM, PGDSDS | Date: May 07, 2024 | | | |
| Re | viewed by (QMC): F. RESURRECCION, PhD | Date: May 07, 2024 | | | |
| Approved | by (Institute Chancellor): | Date: May 07, 2024 | | | |
| PROF. ALIZEDI | NEY M. DITUCALAN, JD, LLM | | | | |



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CLIENT SATISFACTION MEASUREMENT Survey Questionnaire

| Your f | eedback on your recently concluded that the personal information shared v | transaction | will help | this office | provide a | - | |
|-----------------|--|--|-----------------------------------|----------------------------------|---------------|-------------------|--------------------------|
| Client | type: □ Citizen □ Business □ Gove | ernment (Em | ployee or | another ag | ency) | | |
| Date: _ | Sex: | □ Male □ | Female | Age: | | | |
| Region | of residence: Serv | ice Availed: | | | | | |
| Office | where the service was availed: | | | | | | |
| Person | nel you transacted with: | | | | | | |
| Charter | RUCTIONS: Check mark () your are is an official document that reflectments, fees, and processing times amo | cts the servi | Citizen' | s Charter (| (CC) ques | tions. The | Citizen's |
| CC1 | Which of the following best describ ☐ 1. I know what a CC is and I sav ☐ 2. I know what a CC is but I did ☐ 3. I learned of the CC only when ☐ 4. I do not know what a CC is and | w this office's NOT see thing I saw this o | s CC. s office's ffice's CC | CC. | nswer 'N/A | A' on CC2 a | and CC3) |
| CC2 | If aware of CC (answered 1-3 in Co ☐ 1. Easy to see ☐ 2. Somewhat easy to see ☐ 3. Difficult to see | ☐ 4. Not | t visible at | | f this offic | e was? | |
| CC3 | If aware of CC (answered codes 1 ☐ 1. Helped very much ☐ 2. Somewhat helped | □ 3. Did | l not help | did the CC | help you i | n your tran | saction? |
| INSTE | RUCTIONS: | | | | | | |
| For SQ | 2D 0-9, please put a check mark (✓) or | the column | | | | | |
| Ser | vice Quality Dimension Indicators | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | N/A Not Applicable |
| SQD (This is | 0 the client's overall experience with the service availe | | | Disagree | | | |
| I am s | satisfied with the service that I availed. | | | | | | |
| (Is the v | 1. Responsiveness willingness to help clients and provide prompt service at a reasonable amount of time for my action. | e; it lets clients kn | now that the s | taff is listening | and working o | actively to solve | the issues.) |



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 ability to perform the promised service dependably and | accurately.) | 1 | | | Γ | 1 |
| The office followed the transaction's | | | | | | |
| requirements and steps based on the information provided. | | | | | | |
| SQD3. Access and Facilities | | | | | | |
| (Is the appearance of physical facilities, equipment, personnel, | and communic | cation materia | ıls.) | | | |
| The steps (including payment) I needed to | | | | | | |
| do for my transaction were easy and simple. | | | | | | |
| The receiving/ waiting/ processing/ | | | | | | |
| working area, office facilities, etc. has | | | | | | |
| visual appeal and comfiness. | | | | | | |
| SQD4. Communication | | and | | | | |
| (Is the visibility and accessibility of the Information, Education I easily found information about my | i, and Commu | nication (IEC) | materials. | | | |
| transaction from the office or its website. | | | | | | |
| SQD5. Cost | | | | | | |
| (Is the amount paid or spent to a service/product/goods.) | | | | | | 1 |
| I paid a reasonable amount of fees for my | | | | | | |
| transaction. | | | | | | |
| SQD6. Integrity | | | Version St | | | |
| (Is the quality of being honest and having strong moral princip | oles, moral upr | ightness.) | | | r | |
| I feel the office was fair to everyone, or | | | | | | |
| "walang palakasan", during my transaction. | | | | | | |
| SQD7. Assurance | | | | | | |
| (Is employees' knowledge and ability to convey trust and confi | dence. Chents | expect offices | to be the exper | rts in the servi | ce they deliver. | 1 |
| I was treated courteously by the staff, and (if asked for help) the staff was helpful. | | | | | | |
| The staff is knowledgeable of the functions | | | | | | |
| and/or operations of the office. | | | | | | |
| The staff has the ability to complete the | | | | | | |
| transaction. | | | | | | |
| SQD8. Outcome | | | | | | |
| (Is the measurable and observable effect of the services provide | led by the offic | e to the client. | s.) | | | |
| I got what I needed from the government | | | | | | |
| office, or (if denied) denial of request was | | | | | | |
| sufficiently explained to me. | | | | | | |
| SQD9. Empathy | | | | | | |
| (Is the caring, individualized attention the office provided to the | ne chents.) | | 1 | | | |
| The staff shows professionalism, politeness, and willingness to help. | | | | | | |
| To better improve our service, please state yo | ur comme | nts/sugges | tions and t | he issues v | you have et | countered |
| below: | our commit | ntar augges | mons and t | ite issues | ou nave or | . Countries of |
| | | | | | | |
| | | | | | | |