

## DEPARTMENT OF SCIENCE AND TECHNOLOGY Regional Office No. IX

DOST IX-QMS F06 Revision 3 07-01-23

## CUSTOMER SATISFACTION FEEDBACK S&T Intervention

This questionnaire aims to solicit your honest assessment of our services. Please take a minute to fill out this form and help us serve you better.

Name (Optional)			
Client Type:  Internal Employees  General Public  Government Employees  Businesses/Organization	Sex: □ Male □ Female	Age Group:  ☐ 15 — 19  ☐ 20 — 29  ☐ 30 — 39  ☐ 40 — 49	□ 50 – 59 □ 60 – 69 □ 70 – 79 □ 80+
HOW WOULD YOU RATE O			
	RESPONSIVE	NESS	
Very satisfied Satisfie	d Neither	Dissatisfied	Very dissatisfied
	How important is thi	ie attrihute?	
5 4	3	2	
Very Important Importan	nt Moderately	Slightly	Not at all
	RELIABILITY (QI	UALITY)	
	(==)		
Very satisfied Satisfie	d Neither	Dissatisfied	Very dissatisfied
Very satisfied Satisfie	d Neither	Dissatisfied	Very dissatisfied
Very satisfied Satisfie	d Neither  How important is thi		Very dissatisfied
Very satisfied Satisfie			Very dissatisfied
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5 4	How important is thi	is attribute?  Slightly	1
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COMMUNICATION						
Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied		
How important is this attribute?						
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Very Important	Important	Moderately	Slightly	Not at all		
INTEGRITY						
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		ASSURANC				
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Variable		9	2			
Very Important	Important	Moderately □	Slightly	Not at all □		
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		OUTCOME				
Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied		
How important is this attribute?						
G	4	3	2			
Very Important	Important	Moderately	Slightly	Not at all		
Considering yo	ur complete expe	rience with our ag	ency, how likely w	ould you		
	r services to othe	rs ( *				
10 9	8 7	6 5	4 3	2 1		
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Please write your comment	suggestions below.	(Optional)	
Please indicate other impor needs. (Optional)	tant attribute/s whicl	h you think is/are importar	nt to your
Please write your signature	on the box. (Optiona	1)	