



# CUSTOMER FEEDBACK FORM

**DOST REGIONAL OFFICE NO. IX**

Pettit Barracks, Zamboanga City

NAME OF CUSTOMER:

COPANY / ADDRESS:

CONTACT NO(S):

ISSUES / CONCERNS:

By \_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_ Date

## CUSTOMER FEEDBACK MONITORING REPORT

Action Taken	Date	Name	Remarks
Complaint acknowledged from complainant			
Complaint assessment			
Investigation of Complaint			
Resolution of Complaint			
Information to Complainant			
Corrective actions			
Corrective actions verified			
Complaint closed			

Noted by:

ARD for \_\_\_\_\_