



CUSTOMER SATISFACTION FEEDBACK RPMO Office Evaluation

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.

Email (Optional) : _____
Name (Optional) : _____

Client Type:

- ☐ Internal Employees
☐ General Public
☐ Government Employees
☐ Businesses/Organization











Sex:











- ☐ Male
☐ Female











Age Group:






- ☐ 15 – 19 ☐ 50 – 59
☐ 20 – 29 ☐ 60 – 69
☐ 30 – 39 ☐ 70 – 79
☐ 40 – 49 ☐ 80+

HOW WOULD YOU RATE OUR INNOVATION SYSTEM SUPPORT SERVICES?

| RESPONSIVENESS | | | | |
|---|--|---|--|--|
|  Very satisfied <input type="checkbox"/> |  Satisfied <input type="checkbox"/> |  Neither <input type="checkbox"/> |  Dissatisfied <input type="checkbox"/> |  Very dissatisfied <input type="checkbox"/> |
| How important is this attribute? | | | | |
|  Very Important <input type="checkbox"/> |  Important <input type="checkbox"/> |  Moderately <input type="checkbox"/> |  Slightly <input type="checkbox"/> |  Not at all <input type="checkbox"/> |

| RELIABILITY (QUALITY) | | | | |
|---|--|---|--|--|
|  Very satisfied <input type="checkbox"/> |  Satisfied <input type="checkbox"/> |  Neither <input type="checkbox"/> |  Dissatisfied <input type="checkbox"/> |  Very dissatisfied <input type="checkbox"/> |
| How important is this attribute? | | | | |
|  Very Important <input type="checkbox"/> |  Important <input type="checkbox"/> |  Moderately <input type="checkbox"/> |  Slightly <input type="checkbox"/> |  Not at all <input type="checkbox"/> |






| ACCESS & FACILITIES | | | | |
|---|--|---|--|--|
|  Very satisfied <input type="checkbox"/> |  Satisfied <input type="checkbox"/> |  Neither <input type="checkbox"/> |  Dissatisfied <input type="checkbox"/> |  Very dissatisfied <input type="checkbox"/> |
| How important is this attribute? | | | | |
|  Very Important <input type="checkbox"/> |  Important <input type="checkbox"/> |  Moderately <input type="checkbox"/> |  Slightly <input type="checkbox"/> |  Not at all <input type="checkbox"/> |

| COMMUNICATION | | | | |
|---|---|---|--|---|
|  |  |  |  |  |
| Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |






| How important is this attribute? | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5 | 4 | 3 | 2 | 1 |
| Very Important | Important | Moderately | Slightly | Not at all |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| INTEGRITY | | | | |
|---|---|---|--|---|
|  |  |  |  |  |
| Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| How important is this attribute? | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5 | 4 | 3 | 2 | 1 |
| Very Important | Important | Moderately | Slightly | Not at all |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| ASSURANCE | | | | |
|--|--|--|---|--|
|  |  |  |  |  |
| Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| How important is this attribute? | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5 | 4 | 3 | 2 | 1 |
| Very Important | Important | Moderately | Slightly | Not at all |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| OUTCOME | | | | |
|---|---|---|--|---|
|  |  |  |  |  |
| Very satisfied | Satisfied | Neither | Dissatisfied | Very dissatisfied |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| How important is this attribute? | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5 | 4 | 3 | 2 | 1 |
| Very Important | Important | Moderately | Slightly | Not at all |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Considering your complete experience with our agency, how likely would you recommend our services to others? * | | | | | | | | | |
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please write your comment/suggestions below. (Optional)

Please indicate other important attribute/s which you think is/are important to your needs. (Optional)

Please write your signature on the box. (Optional)

