



CUSTOMER SATISFACTION FEEDBACK Innovation System Support

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	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?				
				
Very Important	Important	Moderately	Slightly	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>






RELIABILITY (QUALITY)				
				
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?				
				
Very Important	Important	Moderately	Slightly	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>






ACCESS & FACILITIES				
				
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?				
				
Very Important	Important	Moderately	Slightly	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNICATION				
 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?				
5 Very Important <input type="checkbox"/>	4 Important <input type="checkbox"/>	3 Moderately <input type="checkbox"/>	2 Slightly <input type="checkbox"/>	1 Not at all <input type="checkbox"/>

INTEGRITY				
 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?				
5 Very Important <input type="checkbox"/>	4 Important <input type="checkbox"/>	3 Moderately <input type="checkbox"/>	2 Slightly <input type="checkbox"/>	1 Not at all <input type="checkbox"/>

ASSURANCE				
 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?				
5 Very Important <input type="checkbox"/>	4 Important <input type="checkbox"/>	3 Moderately <input type="checkbox"/>	2 Slightly <input type="checkbox"/>	1 Not at all <input type="checkbox"/>

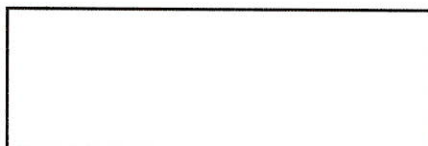
OUTCOME				
 Very satisfied <input type="checkbox"/>	 Satisfied <input type="checkbox"/>	 Neither <input type="checkbox"/>	 Dissatisfied <input type="checkbox"/>	 Very dissatisfied <input type="checkbox"/>
How important is this attribute?				
5 Very Important <input type="checkbox"/>	4 Important <input type="checkbox"/>	3 Moderately <input type="checkbox"/>	2 Slightly <input type="checkbox"/>	1 Not at all <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)

A rectangular box with a black border, intended for a signature.