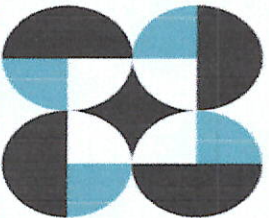


DOST IX Customer Relation Management System



**DEPARTMENT  
OF  
SCIENCE AND  
TECHNOLOGY**

**CUSTOMER SATISFACTION FEEDBACK**

**Information Communication Technology**

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

**Email (Optional)**

**Name (Optional)**

**Client type \***

**Sex \***

**Age Group \***

**Other Information (Optional)**

☐ Digital Literacy ☐ Person with disability ☐ Pregnant Women ☐ Senior Citizen

**Responsiveness**



How important is this attribute?



**Reliability(Quality)**



How important is this attribute?



**Access & Facilities**



How important is this attribute?





### Communication



How important is this attribute?



### Integrity



How important is this attribute?



### Assurance



How important is this attribute?



### Outcome



How important is this attribute?



Considering your complete experience with our agency, how likely would you recommend our services to others? \*



Please write your comments/suggestions below. (Optional)

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

Please write your signature on the box. (Optional)

Clear