

Name of Client / Pangala	n ng Kilyente (Optional):
E-mail / Contact No.:	
Gender / Kasarian: FEM	ALE
Transaction Date / Petsa	
Time / Oras: 16:00:0	
Name of Employee / Pan	
Service Availed / Serbisy	
Client Type: [] Ge	eneral Public [] Government Employee
	usiness Organization
	lient wishes to provide feedback:
[] Reception	[] Online Appointment
[] Payment of Fees	[] Enrolment
[] Appointment Verifical	tion [] Releasing
[] Processing of Applicat	ion
Check the Icon / Lagyan n	
Quality of Service / Kal	idad ng Serbisyo
Courtesy	\odot \bigcirc \bigcirc \bigcirc \bigcirc
(Pagiging Magalang)	
Promptness	\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc
(Kabilisan ng Serbisyo)	
Knowledge and Ability	
(Kaalaman at	
Kakayahan)	
Communication	
(Komunikasyon)	
Quality of Facilities / K	alidad ng mga Pasilidad
Comfort (Kaginhawaan)	
Cleanliness (Kalinisan)	
Cufficionas (Canat na	
Sufficiency (Sapat na	$(\ \) \ (\ \) \ (\ \) \ (\ \)$
Pasilidad, Kagamitan)	
Quality of Document /	Kalidad ng Dokumento
Accuracy (Wacto)	
Accuracy (Wasto)	
Completeness	
(Kumpleto)	
Cost (Halaga)	\odot \odot \odot \odot \odot
Innuts/Comments/S	Suggestion (Komento/Suhestyon):
inputs/ Comments/ 3	aggestion (komento/Sunestyon).
$(\cdot \cdot) (\cdot \cdot)$	
Very Satisfied	Neutral Dissatisfied Very
Satisfied (5) (4)	(3) (2) Dissatisfied (1)

Reminder: The contents of this form shall be kept confidential and for internal use/evaluation only.