



08. SM SEASIDE CEBU..

Rev. No: _____

Name of Client / Pangalan ng Kliyente (Optional): _____

E-mail / Contact No.: _____

Gender / Kasarian: MALE

Transaction Date / Petsa ng Transaksyon: SEPTEMBER 22, 2023

Time / Oras: 10:00:00

Name of Employee / Pangalan ng Empleyado: _____

Service Availed / Serbisyonang Natanggap:

Client Type: ☐ General Public ☐ Government Employee
☐ Business Organization

Step of the process the client wishes to provide feedback:

☐ Reception ☐ Online Appointment
☐ Payment of Fees ☐ Enrolment
☐ Appointment Verification ☐ Releasing
☐ Processing of Application

Check the Icon / Lagyan ng check:

Quality of Service / Kalidad ng Serbisyo					
Courtesy (Pagiging Magalang)					
Promptness (Kabilisan ng Serbisyo)					
Knowledge and Ability (Kaalaman at Kakayahan)					
Communication (Komunikasyon)					

Quality of Facilities / Kalidad ng mga Pasilidad					
Comfort (Kaginhawaan)					
Cleanliness (Kalinisan)					
Sufficiency (Sapat na Pasilidad, Kagamitan)					

Quality of Document / Kalidad ng Dokumento					
Accuracy (Wasto)					
Completeness (Kumpleto)					
Cost (Halaga)					

Inputs/Comments/Suggestion (Komento/Suhestyon):

Very Satisfied (5)	Satisfied (4)	Neutral (3)	Dissatisfied (2)	Very Dissatisfied (1)

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

ECFF No: _____