| ***Dear Valued Guests/ Visitors****,*  In line with our commitment to understand your requirements and seek to satisfy your needs consistently, we would like to know the level of your satisfaction on the services we have provided. Your response will be a vital input in the review and continual improvement of our services and of our Quality Management System.  *We sincerely appreciate your cooperation. Thank You!* | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Respondent *(optional)*: | |  |  |  | | | |  | | | |
| Position *(optional)*: | |  |  | Tel: |  | | | Date: | |  | |
|  | | | | | | | | | | | |
| ***Please indicate your satisfaction by placing a check (√ ) on the listed criteria below using the following rating scheme:***  ***1*** *– Below Standards (Poor),* ***2*** *– Meets Standards (Good),* ***3*** *– Exceeds Standards (Very Good),* ***4*** *– Outstanding* | | | | | | | | | | | |
| **PERFORMANCE CRITERIA** | | | | | | **SATISFACTION LEVEL** | | | | | |
| **1** | **2** | | **3** | | **4** |
|  | **Service Response (30%)** | | | | |  |  | |  | |  |
|  | 1. From the time you submitted your query/ request, how satisfied were you with the time it took BAR to act on your concern? | | | | |  |  | |  | |  |
|  | 1. Services reliable? (i.e. availability of services/facilities) | | | | |  |  | |  | |  |
|  |  | | | | |  |  | |  | |  |
|  | **Physical Condition of Dormitory (30%)** | | | | |  |  | |  | |  |
|  | 1. Bedroom, Living room, Comfort Room/Shower Room | | | | |  |  | |  | |  |
|  | 1. Beddings, pillows, bed foams, blankets, etc. | | | | |  |  | |  | |  |
|  | 1. Cleanliness (Bedroom, Living Room, Comfort Room/Shower Room | | | | |  |  | |  | |  |
|  |  | | | | |  |  | |  | |  |
|  | **Customer Relations (20%)** | | | | |  |  | |  | |  |
|  | 1. BAR employees and staff are courteous and helpful? | | | | |  |  | |  | |  |
|  | 1. BAR employees and staff listen and communicate well? | | | | |  |  | |  | |  |
|  |  | | | | |  |  | |  | |  |
|  | **Timeliness of Service (20%)** | | | | |  |  | |  | |  |
|  | 1. Requests, complaints and feedback are handled and responded to promptly? | | | | |  |  | |  | |  |
|  | 1. Services delivered timely? | | | | |  |  | |  | |  |
|  |  | | | | |  |  | |  | |  |

*Please indicate below your other concerns or suggestions on how we can further improve our services.*

|  |
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|  |

Kindly return the accomplished form to any representative of BAR. Once again, thank you for taking time to answer this survey!

|  |  |  |
| --- | --- | --- |
| FOR BAR USE ONLY: | |  |
| **TOTAL SCORE:** |  |  |