

Customer Satisfaction Feedback Form

Please help us serve you better by taking a minute to fill *out* this form. Thank you for your cooperation.

1. **Service/s availed from DOST** _____
2. **Delivery of Service:** Please indicate your response to the services provided using the following rating scale:

5-Excellent 4-Very satisfactory 3-Satisfactory 2-Fair 1-Poor

Please provide explanations for ratings of 3 and below:

- _____ Timeliness of delivery (service completed within the agreed time of delivery)
- _____ Applicability of the service rendered (degree of importance to the customer)
- _____ Attitude of Staff (approachability, courtesy of staff toward customer)
- _____ Quality of Service (may refer to assistance provided, credibility of staff, acceptability of discussion points, etc.)
- _____ Overall perception of the service(s) rendered

3. **Your comments/suggestions to improve our services:** _____

Name and Signature: (Optional) _____

Date: _____