



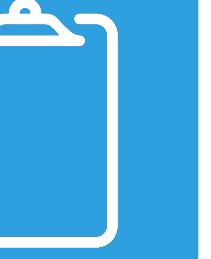
Republic of the Philippines

# DEPARTMENT OF HEALTH

Metro Manila Center for Health Development

Welcome back, John Doe!

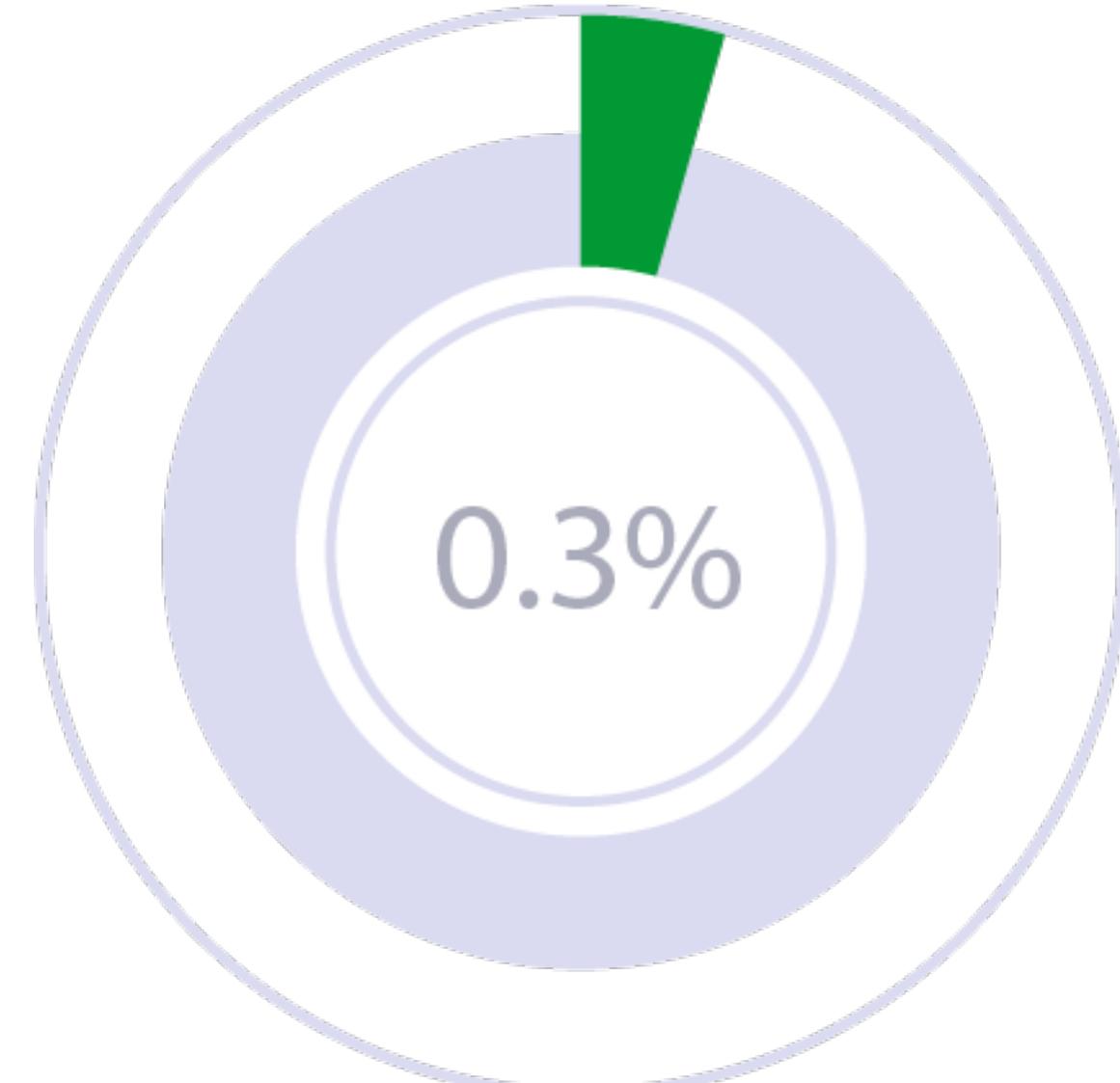
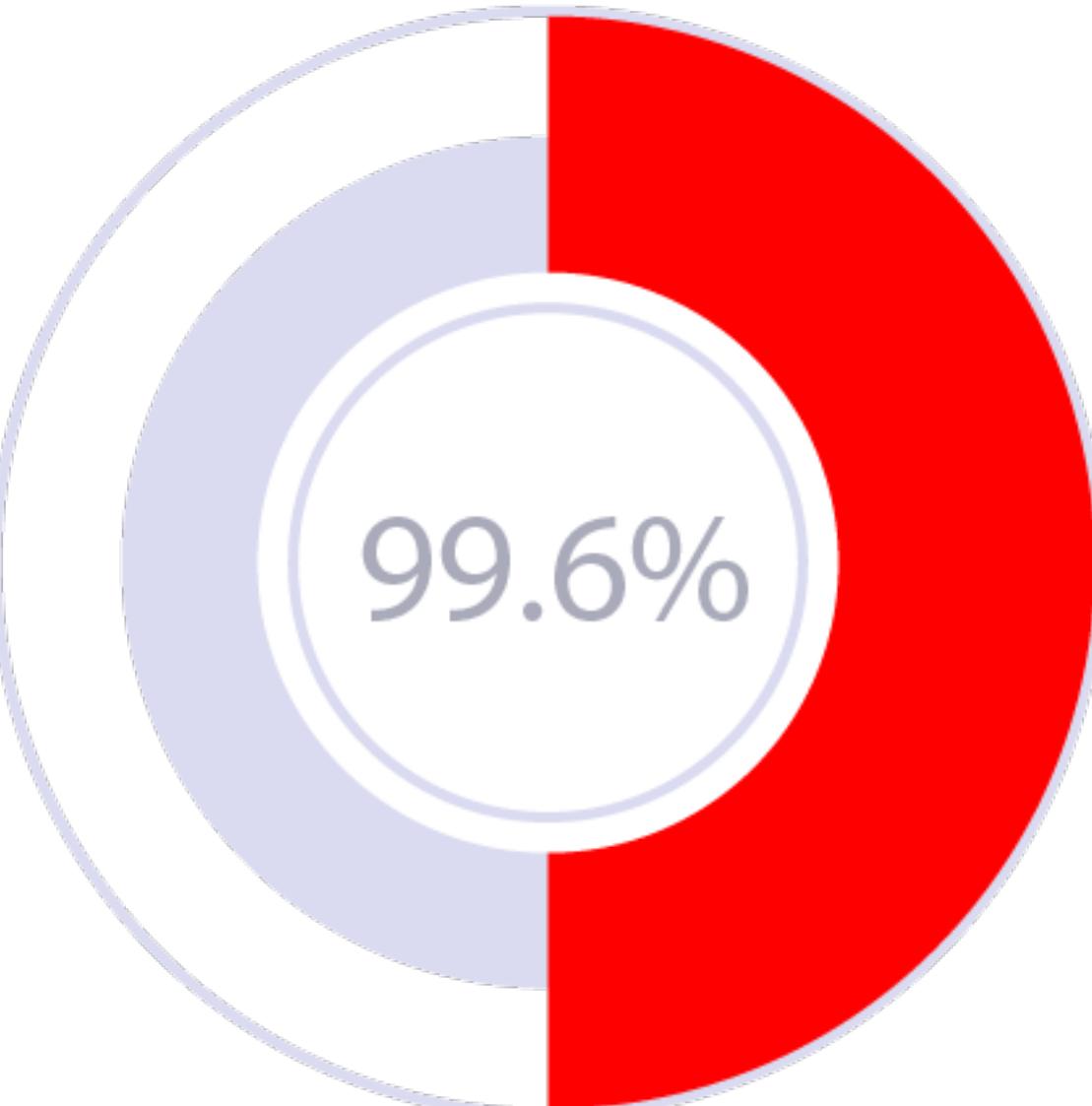
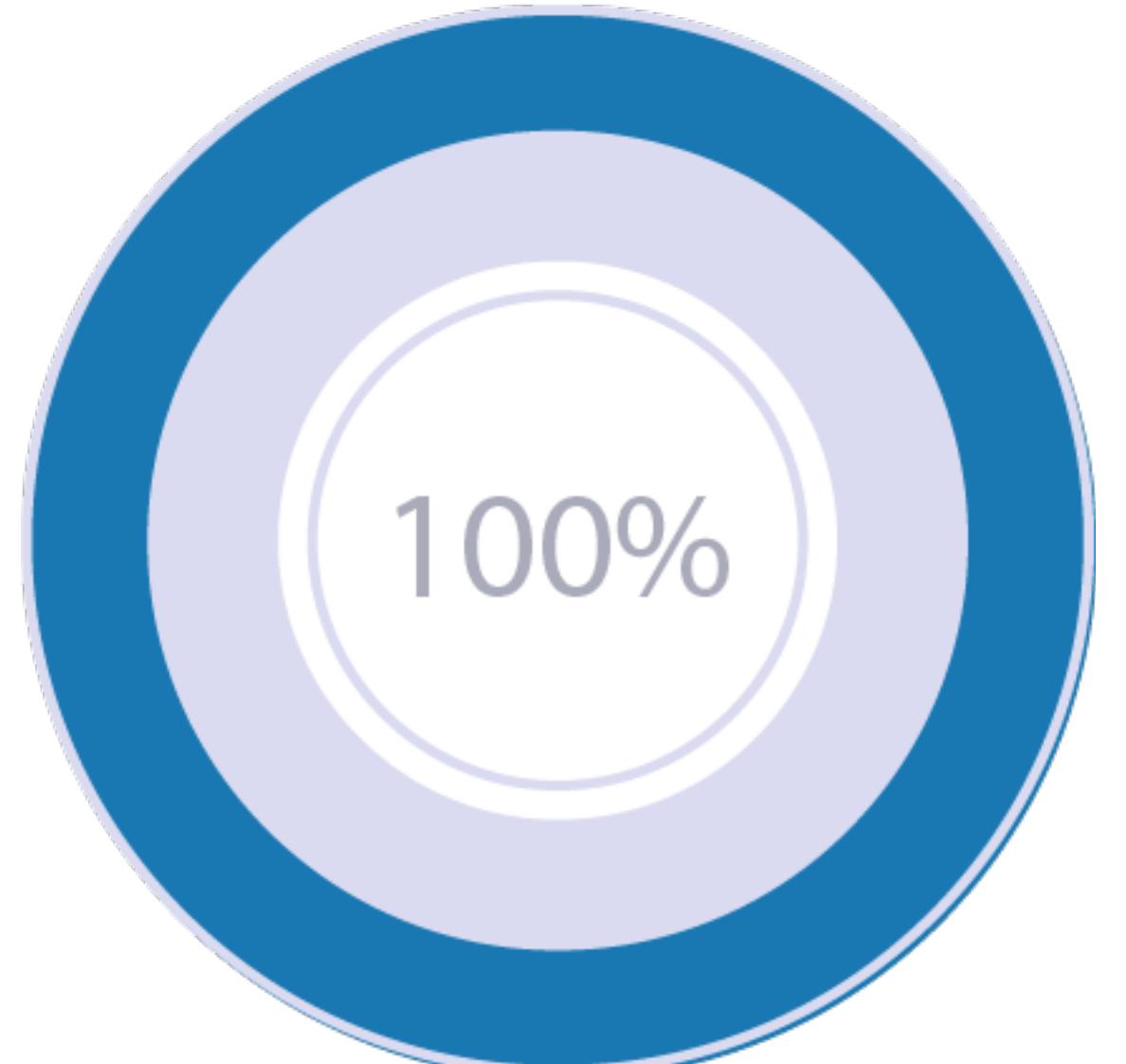
Dashboard

**1000**  Registration Records

**99.6%**  Encoding Errors

**0.03%**  Complete Encoding

Calendar



Team

Documents

Reports



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USERNAME

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# CUSTOMER SATISFACTION SURVEY FORM

(Routine Service Evaluation Form)

*In our ongoing commitment to delivering exceptional service, we are embarking on a comprehensive survey initiative aimed at enhancing our offerings through a deeper understanding of our clients' experiences. Your valuable input will play a crucial role in shaping the future direction of our services. We kindly request a few moments of your time to participate in this survey. Rest assured, there are no judgments here—every response is invaluable to us, and your privacy is of the utmost importance. All information shared will be handled with the strictest confidentiality, ensuring that your feedback contributes directly to our ongoing efforts to exceed your expectations.*

*Thank you for your cooperation and for helping us serve you better.*

ADMIN

FORM



Republic of the Philippines  
**DEPARTMENT OF HEALTH**

Metro Manila Center for Health Development

## CUSTOMER SATISFACTION SURVEY FORM

(ROUTINE SERVICE EVALUATION FORM)

### PERSONAL INFORMATION

First Name

INPUT YOUR FIRST NAME

Last Name

INPUT YOUR LAST NAME

Survey Accomplished Date (mm/dd/yy)

INPUT DATE

Sex

SEX

### NAME OF STAFF WHO RENDERED SERVICE

First Name

INPUT YOUR FIRST NAME

Last Name

INPUT YOUR LAST NAME

DOH Employee?

DOH EMPLOYEE

### HOW WOULD YOU RATE YOUR OVERALL EXPECTATION OF THE SERVICE(S) PROVIDED BY THE SERVICE PROVIDER?

POOR

EXCELLENT

1

2

3

4

5

6

7

### PLEASE SHOW THE EXTENT TO WHICH YOU THINK THE OFFICE VISITED POSSESS THE FEATURES DESCRIBED BY EACH STATEMENT BELOW.

STRONGLY  
DISAGREE

STRONGLY  
AGREE

1 2 3 4 5 6 7

1.The service provider/s provides its service at the time if promises to do so.

2.You receive prompt service from service providers.

3.The service provider/s is/are polite.

4.The service provider/s is/are sensitive to the clients needs.

5.The service provider/s is/are well dressed and appear neat.

6.The appearance of the physical facilities/venue of the service provider is in keeping with the type of service provided.

### OVERALL, HOW WOULD YOU RATE THE QUALITY OF SERVICE PROVIDED BY THE SERVICE PROVIDER?

POOR

FAIR

GOOD

EXCELLENT

1

2

3

4

FOR COMMENTS, RECOMMENDATIONS, CONCERNS, OR ASPECTS OF OUR SERVICE(S) THAT NEEDS IMPROVEMENT, PLEASE PUT IT DOWN BELOW. IF YOU WISH FOR US TO RESPOND TO YOUR FEEDBACK, PLEASE INCLUDE YOUR CONTACT DETAILS.

FEEDBACK

BACK

DONE



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# THANK YOU!

Your feedback is important to us. We'll review your comments  
promptly to enhance your experience with us.