

Date:___ Time in:

I. NAME:

Position:

Address:

() REQUEST

OFFICE/s please Specify:

OFFICE OF THE MAYOR

OFFICE OF THE VICE MAYOR

OFFICE OF THE SANGGUNIANG BAYAN

OFFICE OF THE MUNICIPAL ADMINISTRATOR

OFFICE OF THE MUNICIPAL CIVIL REGISTRAR

HUMAN RESOURCES MANAGEMENT OFFICE

BIDS AND AWARDS COMMITTEE GENERAL SERVICES OFFICE

MUNICIPAL ACCESSOR'S OFFICE
BUSINESS PERMIT AND LICENSING OFFICE
LOCAL YOUTH DEVELOPMENT OFFICE

MUNICIPAL PLANNING AND DEVELOPMENT OFFICE

Republic of the Philippines Province of Cagayan MUNICIPALITY OF AMULUNG



CUSTOMER FEEDBACK

Office:

CP #:

() OTHERS

II. PURPOSE OF VISIT: (Please check(√) all applicable () INQUIRY/CONFERENCE () SUBMISSION/PROCESSING

Please let us know. Thanks a lot.

MUNICIPAL HEALTH OFFICE MUNICIPAL NUTRITION OFFICE MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT PUBLIC EMPLOYMENT SERVICES OFFICE MUNICIPAL ENVIRONMENTAL AND NATURAL RESO OFFICE OF THE MUNICIPAL TREASURER MUNICIPAL BUDGET OFFICE OFFICE OF THE SMUNICIPAL ACCOUNTANT MUNICIPAL ENGINEERING OFFICE OFFICE OF THE MUNICIPAL AGRICULTURIST MUNICIPAL DISASTER RISK REDUCTION AND MANA	URCES	OFFIC			
		-Satisfactory -Unsatisfactory			
III. HOW WOULD YOU RATE OUR SERVICES					
How satisfied were you in items of the service provided:	4	3	2	1	
response time your transaction given by the office					
2. outcome of the service provided					
3. extensive info on understanding of the					
service provided and/or					
competence/skill in delivering the service					
4. friendliness, courteousness, fair treatment and willingness?					
5.Overall satisfaction with regard to quality of service delivery?					
IV.COMMENDATION(S) RECOMMENDATION COMPALINT/SUGGESTION(S)DESIRED ACT OFFICE?	(S)/ ON FI	ROM	OUR		
PROCESSING TIME TIME START:TIME OUT: Personnel who attended:				_	



Republic of the Philippines Province of Cagayan MUNICIPALITY OF AMULUNG



CUSTOMER FEEDBACK

Date:					
Time in:					
Please let us know. Thanks					
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Address: CB #	e			_	
AddressCF#	3-			- 2	
II. PURPOSE OF VISIT: (Please (I/PRC	CES	SING	i.
OFFICE/s please Specify: OFFICE OF THE MAYOR OFFICE OF THE WAYOR OFFICE OF THE SANGGUNIANG BAYAN OFFICE OF THE SECCRETARY TO THE SAN OFFICE OF THE MUNICIPAL ADMINISTRA' OFFICE OF THE MUNICIPAL CIVIL REGIST HUMAN RESOURCES MANAGEMENT OFF BIDS AND AWARDS COMMITTEE GENERAL SERVICES OFFICE MUNICIPAL PLANNING AND DEVELOPME MUNICIPAL PLANNING AND DEVELOPME MUNICIPAL ACCESSOR'S OFFICE MUNICIPAL HEALTH OFFICE MUNICIPAL NUTRITION OFFICE MUNICIPAL NUTRITION OFFICE MUNICIPAL SOCIAL WELFARE AND DEVE PUBLIC EMPLOYMENT SERVICES OFFICE MUNICIPAL ENVIRONMENTAL AND NATU OFFICE OF THE MUNICIPAL TREASURER MUNICIPAL BUDGET OFFICE MUNICIPAL BUDGET OFFICE OFFICE OF THE SMUNICIPAL ACCOUNTAL MUNICIPAL ENGINEERING OFFICE	IGUNIAN RAR ICE NT OFFICE CE LOPMENT C			E	
MUNICIPAL ENGINEERING OFFICE OFFICE OF THE MUNICIPAL AGRICULTUR MUNICIPAL DISASTER RISK REDUCTION A		SEMEN	NT OFF	ICE	
4- Outstanding	2-	Satis	sfacto	ory	
3-Very Satisfactory	1-	Uns	atisfa	ctory	/
III. HOW WOULD YOU RATE OUR SE (√) mark)	RVICES	(Plea	se pu	t che	ck
How satisfied were you in items the service provided:	of	4	3	2	1
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2. outcome of the service provide	d				
3. extensive info on understanding	g of the				
service provided and/or competence/skill in delivering the					
service					_
4. friendliness, courteousness, fai	r				
treatment and willingness?	ła.				-
5. Overall satisfaction with regard quality of service delivery?	lO .				
quality of service delivery?			-		
IV.COMMENDATION(S) RECOMMEN COMPALINT/SUGGESTION(S)DESIR OFFICE?			ROM	OUR	
PROCESSING					
TIME START:TIME OUT:_ Personnel who attended:		_			