



## CUSTOMER FEEDBACK

Date: \_\_\_\_\_  
Time in: \_\_\_\_\_

**Please let us know. Thanks a lot.**

I. NAME: \_\_\_\_\_  
Position: \_\_\_\_\_ Office: \_\_\_\_\_  
Address: \_\_\_\_\_ CP #: \_\_\_\_\_

**II. PURPOSE OF VISIT: (Please check(✓) all applicable**

- INQUIRY/CONFERENCE  SUBMISSION/PROCESSING  
 REQUEST  OTHERS \_\_\_\_\_

**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 SECRETARY TO THE SANGUNIAN
- OFFICE OF THE MUNICIPAL CIVIL REGISTRAR
- HUMAN RESOURCES MANAGEMENT OFFICE
- BIDS AND AWARDS COMMITTEE
- GENERAL SERVICES OFFICE
- MUNICIPAL PLANNING AND DEVELOPMENT OFFICE
- MUNICIPAL ACCESSOR'S OFFICE
- BUSINESS PERMIT AND LICENSING OFFICE
- LOCAL YOUTH DEVELOPMENT OFFICE
- MUNICIPAL HEALTH OFFICE
- MUNICIPAL NUTRITION OFFICE
- MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE
- PUBLIC EMPLOYMENT SERVICES OFFICE
- MUNICIPAL ENVIRONMENTAL AND NATURAL RESOURCES OFFICE
- OFFICE OF THE MUNICIPAL TREASURER
- MUNICIPAL BUDGET OFFICE
- OFFICE OF THE MUNICIPAL ACCOUNTANT
- MUNICIPAL ENGINEERING OFFICE
- OFFICE OF THE MUNICIPAL AGRICULTURIST
- MUNICIPAL DISASTER RISK REDUCTION AND MANAGEMENT OFFICE

4- Outstanding 2-Satisfactory  
3-Very Satisfactory 1-Unsatisfactory

**III. HOW WOULD YOU RATE OUR SERVICES (Please put check (✓) mark)**

How satisfied were you in items of the service provided:	4	3	2	1
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(S)/  
COMPALINT/SUGGESTION(S)DESIRED ACTION FROM OUR  
OFFICE?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROCESSING TIME**

TIME START: \_\_\_\_\_ TIME OUT: \_\_\_\_\_

Personnel who attended:

\_\_\_\_\_



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**PROCESSING TIME**

TIME START: \_\_\_\_\_ TIME OUT: \_\_\_\_\_

Personnel who attended:

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