



**LGU Sta. Elena Customer Feedback Form
CUSTOMER FEEDBACK FORM**

Municipal Planning and Development Office

Please let us know how we have served you. This form may be used for compliment, suggestion and other complaint.

Name: _____
Address: _____
Tel. No.: _____ Date: _____
Email: _____ Gender: _____

Services availed of (please check):

1. Issuance of Zoning Certificate
2. Issuance of CBMS Certificate of Indigency

Purpose of Transaction: _____
Person/Unit/Office transacted with: _____

Part 1: Customer Satisfaction Ratings

For the following questions, this rating scale shall be used.

- 5 – Outstanding**
- 4 – Very Satisfactory**
- 3 – Satisfactory**
- 2 – Fair or Needs Improvement**
- 1 – Poor**

| QUESTIONS | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| 1. How would you rate your OVERALL SATISFACTION with regard to the quality of service delivery? | | | | | |
| 2. How satisfied were you in terms of the response time to your transaction given by the office. | | | | | |
| 3. How satisfied were you with the outcome of the service provided? | | | | | |
| 4. How satisfied were you with the service provider's extensive information on / understanding of the service being provided? | | | | | |
| 5. How satisfied were you with the service provider's competence of the skills in delivering service? | | | | | |
| 6. How satisfied were you with the service provider's friendliness, courteousness/politeness, for treatment and willingness to do more than what is expected or going the extra mile? | | | | | |

Part II: Customer Feedback

1. Please check if you are providing a compliment, suggestion or complaint
 Compliment
 Suggestion
 Complaint
2. Facts or details about the incident:

3. Recommendation/Suggestion/Desired action from office:

(Use the reverse side for additional feedback or comment)

THANK YOU!



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