**

Phone: 341-2296 loc. 205

URL: http://www.carsu.edu.ph

*Email Address: csuquams@yahoo.com*

**CLIENT SATISFACTION SURVEY FORM**

*Please help us improve our services! We will appreciate if you can spare us a moment to answer this survey form.*

Date &Time of Visit: Office/Person Visited:

Please check appropriate box:

Student Parent Others, please specify:

What was the purpose of your visit/ transaction?

* + To inquire/consult (e.g., seek technical advice)
  + To attend a meeting
  + To submit documents
  + To request data/document
* To follow up on a requested data/document
* To claim requested data/document
* Other (Please specify)

Please assess the services rendered by checking the box of your choice using the rubric indicated below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | Strongly Agree (5) | Agree  (4) | Undecided  (3) | Disagree  (2) | Strongly Disagree  (1) |
| a) I was promptly attended to. |  |  |  |  |  |
| b) I was attended cordially and politely. |  |  |  |  |  |
| c) My query/ies and concern/s was/were addressed clearly/directly. |  |  |  |  |  |
| d) The workplace was clean and organized. |  |  |  |  |  |

Overall Satisfaction:

[5] Very Satisfied [4] Satisfied [3] Neutral [2] Dissatisfied [1] Very Dissatisfied

Comments/Suggestions for improvement:

Contact Information (optional):

Name and Signature: Contact Number:

Agency/Office/Address: Email Address:

***Thank you very much! Have a great day ahead!***

**F-CSSF-014, Rev. 03,07-01-2019**

***\*****Please drop this form in the designated box or forward to the attending staff.*

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