



CLIENT SATISFACTION SURVEY FORM

Please help us serve you better! We will appreciate it if you can spare us a moment to answer this survey form.

This client satisfaction survey form tracks your experience with us. Your feedback on your recently concluded transaction will help our office provide a better service. Personal information shared will be kept confidential.

Client Type: Student Employee Parent Others, please specify: _____

Date of Visit: _____ **Gender:** _____ **Age:** _____ **Office/Person Visited:** _____

Service/s Availed: _____ **Region of Residence:** _____

Part I: Please tick the appropriate box for your answer to the Citizen's Charter (CC) questions.

CC1: Do you know about the Citizen's Charter (document of an agency's services and requirements)?

- Yes, aware before my transaction with this office.
- Yes, but aware only when I saw the CC of this office.
- No, not aware of the CC (Skip questions CC2 and CC3)

CC2: If Yes to the previous question, did you see this office's CC?

- Yes, the CC was easy to find.
- Yes, but the CC was hard to find.
- No, I did not see this Office's CC (Skip question CC3)

CC3: If Yes to the previous question, did you use the CC as a guide for the service/s you availed?

- Yes, I was able to use the CC.
- No, I was not able to use the CC. Reason: _____

Part 2: Please rate your satisfaction level regarding the services rendered by checking the box of your choice using the scale indicated:

Dimensions	Benchmark Statement	Strongly Agree (5)	Agree (4)	Neither Agree nor Disagree (3)	Disagree (2)	Strongly Disagree (1)
Responsiveness	My request was granted in a timely manner.					
	My queries or needs were facilitated with courtesy.					
	The office was fair to everyone regardless of age, sex, actual or perceived sexual orientation, religious creed, social economic status, and disabilities.					
Reliability	Information I need was provided with accuracy.					
	I transaction's requirements and steps based on the procedure/information were followed.					
Access and Facilities	Materials or other facilities associated with the services as to quality and functionality were in-place.					
	Services were provided in accessible manner.					
	My transaction (including steps and payment) was made simple and convenient.					
Communication	Citizen Charter or procedures showing all services/ transactions were displayed and communicated.					
	The office was able to clarify my transaction needs or queries effectively.					
Cost	I paid an acceptable amount of fees for my transaction.					
Integrity	I am confident my transaction was secure.					
	Services were delivered in an honest and ethical manner.					
Assurance	Office support was available.					
	The provision of needed assistance or resources specific to my needs were granted quickly.					
Outcome	I got what I needed from the office.					

Comments/Suggestions for improvement: _____

Contact Information: _____

Name and Signature: _____ Contact Number: _____

Agency/Office/Address: _____ Email Address: _____

Thank you very much! Have a great day ahead!