

OFFICE OF THE MANAGEMENT INFORMATION SYSTEM (MIS)

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Request No.: _____

MIS Service Request Form

A. Contact Information of Requestor

Name:* _____ Office: * _____ Date:* _____

Firstname Middlename Lastname Ext Name (Jr., Sr.)

Contact No.:* _____ Email Address:* _____

Students Employee Others, please specify: _____

B. Type of Service (Select as appropriate)

I need help with: *

Desktop/Laptop PCs, IP Phone, Printers, Monitors (Tech Support Services)

Category of Service*

Email Help, Email Address: _____

Install Software Virus Help Data Help

Install/ Set-up New Equipment, Type of Equipment: _____ Problem w/

Equipment, Type of Equipment: _____

IS, Network, Internet, Wireless, Fiber, Security, Cameras (Data Services)

Category of Service*

New Network Connection Upgrade Existing Network Service

Problem (Existing network or Internet connection)

Others (Detailed in Request Description)

C. Request Description*

Please provide detailed info about your request (i.e. problem description, needed by date, additional contacts and any other info not detailed above)

Signature of Head & Date

This portion will be filled by ICT Service Desk Personnel

Received by:

Accepted
 Rejected, reason: _____

Signature over Printed Name & Date

DS No (If any):

Request No.: _____

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MIS SERVICE RESPONSE SLIP

Information on Action Taken

Ref. Request No.: _____

Service Description: * _____

Details on action taken: *

Solved Unsolved, reason: _____

Executed & Prepared by:

Noted by: (MIS Head)

Signature over Printed Name & Date

MARIA BESA JOY M. ORTUYO, MSc

Signature over Printed Name & Date



SR No.: _____

MIS SERVICE RESPONSE SLIP

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Signature over Printed Name & Date

MARIA BESA JOY M. ORTUYO, MSc

Signature over Printed Name & Date

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?

- | | |
|---|--|
| <input type="checkbox"/> To inquire/consult (e.g., seek technical advice) | <input type="checkbox"/> To follow up on a requested data/document |
| <input type="checkbox"/> To attend a meeting | <input type="checkbox"/> To claim requested data/document |
| <input type="checkbox"/> To submit documents | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> To request data/document | |

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

Dimensions	Benchmark Statement	Strongly Agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly Disagree (1)
Responsiveness	1. Readily responds to customer's request in a timely manner					
	2. Responds to customer with courtesy and politeness					
Reliability	1. Performs the services right the first time					
	2. Provides information with accuracy					
Access and Facilities	1. Materials associated with the service are visually appealing					
	2. Customer service was provided in accessible manner					
Communication	1. Citizen charter or procedures are updated to show all services that citizen can avail					
	2. Able to clarify issues/queries effectively					
Integrity	1. Feels safe and secure in their transactions					
	2. Delivers services in an honest and ethical manner					
Assurance	1. Have the knowledge to answer customer's questions					
	2. Have the resources they need and adheres to processes					
Outcome	1. Provides high quality and accurate information services					
	2. Puts clients at the center of everything they do, listening and prioritizing client's needs					

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: _____

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