



Republic of the Philippines  
Province of Negros Occidental  
City of Kabankalan

Feedback Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Help us Improve Our Services, kindly check the box based on your experience:

**Responsiveness (the willingness of the staff to help, assist and provide service to the client; response time)**

1                      2                      3                      4                      5  
                                                                                       

**Reliability/Quality (the service provided meets the standards, with zero to a minimal error rate)**

1                      2                      3                      4                      5  
                                                                                       

**Access and Facilities (convenience and comfortability of location, if face to face; use of technology, e.g. zoom, etc.)**

1                      2                      3                      4                      5  
                                                                                       

**Communication (clarity of information/instructions provided, use of easy-to-understand language/terms, listening to the feedback of clients)**

1                      2                      3                      4                      5  
                                                                                       

**Integrity (frontline staff shows honesty and fairness in dealing with the client/s)**

1                      2                      3                      4                      5  
                                                                                       

**Assurance (frontline staff is able to perform his/her duties well, knowledgeable about the service, shows courtesy and understanding of client's needs)**

1                      2                      3                      4                      5  
                                                                                       

**Outcome (extent of achieving/realizing the desired result/outcome)**

1                      2                      3                      4                      5  
                                                                                       

Please leave us a comment/ suggestions:

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Signature: \_\_\_\_\_