

# CLIENT FEEDBACK FORM

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

Office Visited: \_\_\_\_\_

Service Availed: \_\_\_\_\_

We thank you for giving us the opportunity to serve you. Kindly enable us to serve you better by answering the following question:

## THE OFFICE:

1. Was it easy to locate?

YES

NO

/ /

/ /

2. Was it clean and orderly?

/ /

/ /

3. Is there a long line of clients?

/ /

/ /

4. Did you find proper directional signs/instructions?

/ /

/ /

## THE PERSONS RESPONSIBLE:

1. Were the designated employees available?

/ /

/ /

2. Were they respectful?

/ /

/ /

3. Did they make you feel comfortable?

/ /

/ /

4. Did they make you wait long?

/ /

/ /

5. Were they knowledgeable?

/ /

/ /

## THE REQUIREMENTS:

1. Were you properly informed what you needed to present?

/ /

/ /

2. Were there many requirements?

/ /

/ /

3. Were you informed how to get the requirements?

/ /

/ /

4. Were you made aware of how much you will have to pay?

/ /

/ /

## THE OFFICERS:

1. Were the authorized officials present?

/ /

/ /

2. Did it take them long to sign the documents?

/ /

/ /

## THE INFORMATION:

1. Was the document you needed available?

/ /

/ /

2. Was the data complete?

/ /

/ /

3. Were the instructions clear and short?

/ /

/ /

OTHER COMMENTS AND SUGGESTIONS: \_\_\_\_\_

Name of Attending Employee: \_\_\_\_\_

Please drop this to the designated drop box

Republic of the Philippines  
Province of Isabela  
MUNICIPALITY OF DELFIN ALBANO

**COMMENDATION FORM**

Name of Employee: \_\_\_\_\_

Office: \_\_\_\_\_

Requested Service/Data: \_\_\_\_\_

Date/Time: \_\_\_\_\_

**Brief Narration of Commendable Act:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name/Signature

\_\_\_\_\_  
Address/Tel/CP No.

Please drop this form to the designated drop box

Republic of the Philippines  
Province of Isabela  
MUNICIPALITY OF DELFIN ALBANO

**COMPLAINT FORM**

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

Name of Employee: \_\_\_\_\_

Office: \_\_\_\_\_

**Nature of Complaint:**

Discourteous Employee

Employee was not familiar with the data requested or needed

No employee was available to accommodate the request

Employee was bias in rendering his/her services/favoritism

I was made to wait for an unreasonable time in relation to the service requested/needed

The Office was not well organized and it creates discomfort on clients

The document given was incomplete/not related

Others: \_\_\_\_\_

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Name/Signature

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Address/Tel/CP No.

Please drop this form to the designated drop box