



CLIENT FEEDBACK FORM

Unit: _____
Service Requested: _____

Instruction: Please encircle the number that corresponds to you rating.

- A. How would you rate our service/s in term of quality?
1. Poor 2. Fair 3. Good 4. Very Good 5. Excellent
- B. How would you rate our service/s in terms of timeliness?
1. Poor 2. Fair 3. Good 4. Very Good 5. Excellent
- C. Overall, how would you rate your experience with our service/s?
1. Poor 2. Fair 3. Good 4. Very Good 5. Excellent

Any suggestion/s on how we can improve our service delivery?
