



**CLIENT SATISFACTION SURVEY FORM**

*Please help us serve you better! We will appreciate 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 1: Please tick 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)
<b>Responsiveness</b>	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.					
<b>Reliability</b>	Information I need was provided with accuracy.					
	Transaction’s requirements and steps based on the procedure/information were followed.					
<b>Access and Facilities</b>	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.					
<b>Communication</b>	Citizen Charter or procedures showing all services/ transactions were displayed and communicated.					
	The office was able to clarify my transaction needs or queries effectively.					
<b>Cost</b>	I paid an acceptable amount of fees for my transaction.					
<b>Integrity</b>	I am confident my transaction was secure.					
	Services were delivered in an honest and ethical manner.					
<b>Assurance</b>	Office support was available.					
	The provision of needed assistance or resources specific to my needs were granted quickly.					
<b>Outcome</b>	I got what I needed from the office.					

**Overall Satisfaction** (Please check):

- [5] Very Satisfied  [4] Satisfied  [3] Neither Satisfied nor Dissatisfied  [2] Dissatisfied  [1] Very Dissatisfied

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!**