



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
CUSTOMER SATISFACTION SURVEY FORM

Name (optional): _____ Date: _____

Service/Assistance Requested/Received: _____

Office concerned: _____

Dear Client,

We at the DILG endeavors to consistently provide effective services to meet our clients' needs. In this regard, may we request you to help us improve our service by allowing us to hear your voice.

Kindly fill-out this survey form and reflect your impressions about our services. Encircle the rating that corresponds to the level of your satisfaction.

<u>Rating Scale</u>	<u>Description of Satisfaction level</u>
5	Very High
4	High
3	Moderate
2	Low
1	Very Low

<u>A. Service Parameter</u>	<u>Client Satisfaction</u>	<u>Remarks</u>
1. Service Quality	5 4 3 2 1	_____
2. Service Timeliness	5 4 3 2 1	_____
3. Staff Responsiveness	5 4 3 2 1	_____
<u>B. Overall Impression</u>	5 4 3 2 1	_____

C. Suggestion for Improvement:

"Matino, Mahusay, at Maaasahan."