



We want to hear from you!

We greatly value our customer's suggestions/comments.
Our goal is to guarantee total customer satisfaction.
Rest assured, your concern/s will be used to further strengthen our goal.

Please accomplish this form and drop in the Customer Care/Suggestion box at the lobby entrance.

Name of Client/Guest: _____
Company _____
Address/Tel. No.. _____

Date & Time of visit: _____
Nature of Transaction/s: _____
Signature: _____

Name of official/employee visited: _____
Position: _____
Unit: _____

Please rate attending employee on the following factor by putting a circle around the corresponding number:

	Excellent	Very Good	Good	Fair	Poor
I. BEHAVIOR	5	4	3	2	1
• Courteous	5	4	3	2	1
• Accommodating	5	4	3	2	1
II. SERVICE					
• Immediate	5	4	3	2	1
• Were your needs adequately met?	5	4	3	2	1
III. WORK ENVIRONMENT					
• Orderly	5	4	3	2	1
• Clean	5	4	3	2	1
IV. GROOMING and APPEARANCE					
• Neat	5	4	3	2	1

V. OTHER COMMENTS



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