

DRN: _____

CLIENT SATISFACTION SURVEY

To further improve our service, we would like to hear from you.

A. Feedback. Using the rating 1-5, please *check* the following aspects of handling your transactions with us with the rates below:

- 1 – Poor
- 2 – Needs Improvement
- 3 – Satisfactory
- 4 – Very Satisfactory
- 5 – Outstanding

Aspects	1	2	3	4	5
1. Response time					
2. Clarity of information/instructions provided					
3. Staff courtesy					
4. Overall service					

Recommendations/ Suggestions/ Other Comments to our service:

B. Client Information

Date:	
Name (Optional):	
Office/Organization/School:	
Address:	
Contact Number:	
Email:	
Transaction/Service Requested:	

Thank you very much.