Republic of the Philippines

**PHILIPPINE STATE COLLEGE OF AERONAUTICS**

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**Customer Satisfaction Survey**

\_\_\_\_\_\_\_\_\_ Quarter \_\_\_\_\_\_\_\_\_\_ Year

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Guest’s Name)

 (Optional)

 *Good day! We would like to thank you for giving us the opportunity to serve you. Please help us serve you better by taking a couple of minutes to tell us about the service that you have received so far. Kindly check the box that corresponds to your rating*.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Poor*** | ***Fair*** | ***Satisfactory*** | ***Very Satisfactory*** | ***Excellent*** |
| 1. **Tangibility**
 |  |  |  |  |  |
| 1. Staff/personnel is appropriately dressed and look tidy
 |  |  |  |  |  |
| 1. Physical facilities offered are adequate and usually appealing
 |  |  |  |  |  |
| 1. Comfort and cleanliness of the office
 |  |  |  |  |  |
| 1. Step-by-step procedures are visible at the most conspicuous places
 |  |  |  |  |  |
| 1. **Assurance**
 |  |  |  |  |  |
| 1. Friendly and courteous office staff/personnel
 |  |  |  |  |  |
| 1. Fair/equal treatment of customer
 |  |  |  |  |  |
| 1. The behavior of staff/personnel instill confidence and trust in the customer
 |  |  |  |  |  |
| 1. Knowledge of the staff/personnel to answer customer’s questions
 |  |  |  |  |  |
| 1. **Reliability**
 |  |  |  |  |  |
| 1. Ability to perform promised service dependably and accurately
 |  |  |  |  |  |
| 1. Perform the service right the first time
 |  |  |  |  |  |
| 1. Willingness and sincerity to help in solving the customer’s problems
 |  |  |  |  |  |
| 1. Quality completeness and accuracy of document/s, service/s, information requested
 |  |  |  |  |  |
| 1. **Responsiveness**
 |  |  |  |  |  |
| 1. Staff/personnel inform the customers if there are any deficiencies in the documents submitted to process/procedures taken
 |  |  |  |  |  |
| 1. Staff/personnel inform customers when document/s services will be provided/performed
 |  |  |  |  |  |
| 1. Staff/personnel give prompt service to customers
 |  |  |  |  |  |
| 1. Staff/personnel never busy to respond to customer’s request
 |  |  |  |  |  |
| 1. **EMPATHY**
 |  |  |  |  |  |
| 1. Staff/personnel give customer personal attention
 |  |  |  |  |  |
| 1. Office/unit has operating hours convenient to customers
 |  |  |  |  |  |
| 1. Staff/personnel value respect and individual attention
 |  |  |  |  |  |
| 1. Staff/personnel understand the specific needs of their customers
 |  |  |  |  |  |
| 1. **CUSTOMER SATISFACTION**
 | *To what level you are satisfied with the services we provided* |
| ***Very Dissatisfied*** | ***Dissatisfied*** | ***Satisfied*** | ***Very Satisfied*** |
| 1. I am satisfied with the overall services provided by the office
 |  |  |  |  |
| 1. I am satisfied with the way I am treated by the staff/personnel
 |  |  |  |  |
| 1. I am satisfied with the information and services provided by the staff/personnel
 |  |  |  |  |
| 1. **AWARENESS OF VARIOUS POLICIES ADHERING TO POSTERS AND MATERIALS**
 | ***YES*** | ***NO*** | ***I DON’T KNOW*** |
| 1. Are you aware of the following:
 |
| 1. Express lane for Senior citizens, Pregnant and Persons with Disabilities
 |  |  |  |
| 1. Citizen’s Charter
 |  |  |  |
| 1. Observed the “No-Noon Break Policy
 |  |  |  |
| 1. Information and Complaint Desk
 |  |  |  |
| 1. **FEEDBACK**
 | ***Compliment*** | ***Complaint*** | ***Suggestion(s)*** |
| Facts/Details surrounding the incident (If NOT APPLICABLE kindly indicate “N.A.”) |  |
| Recommendation(s)/Suggestion (s) Desired Action from our Office |  |

*Office Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other comments/ suggestions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Name of Staff/Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Optional) for us to improve our services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Thank you!*