Republic of the Philippines

**PHILIPPINE STATE COLLEGE OF AERONAUTICS**

Piccio Garden, Villamor, Pasay City

[hr.philsca@yahoo.com](mailto:hr.philsca@yahoo.com) | (02)-856-02708 | 0961-725-3825

**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!*