



BOGO WATER DISTRICT
San Vicente Street, Bogo City Cebu
Tel. # (032) 434-7011

CUSTOMER FEEDBACK FORM

Please let us know how we served you. This form may be used for compliment, suggestion and/or complaint.

Name: _____
Address: _____
Tel. # _____ Date: _____
Email: _____

Service Availed of (Please Check):

- New Service Connection Application
- Installation
- Collection
- Complaints
- Requests
- Reconnection
- Leak Repair

Person/Office transacted with: _____

Part I. Customer Satisfaction Rating

- 5** Outstanding **2** Fair or Needs Improvement
- 4** Very Satisfactory **1** Poor
- 3** Satisfactory

| Questions | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. How would you rate your OVERALL SATISFACTION with regard to the quality of service delivery? | | | | | |
| 2. How satisfied are you in terms of the response time of your transaction given by the office? | | | | | |
| 3. How satisfied are you in the outcome of the service provided? | | | | | |
| 4. How satisfied are you with the service provider's extensive information on understanding of the service being provided? | | | | | |
| 5. How satisfied are you in the service provider's competence or the skills in delivering the service? | | | | | |
| 6. How satisfied are you with the service provider's friendliness, courteousness/politeness, fair treatment and willingness to do more than what is expected or going the extra mile? | | | | | |

Part II. Customer Feedback

1. Please check if you are providing a compliment, suggestion or complaint:

- Compliment
- Suggestion
- Complaint

2. Facts & details about the incident: _____

3. Recommendation/Suggestion/Desired Action from the Office: _____



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