



CUSTOMER FEEDBACK REPORT

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|------------------------------|--------------------------|
| IP Control No: CFR-23-339 | Date: October 9, 2023 |
| Department/Office: Extension | For the Month of: August |

1. SERVICE DIMENSION RATING

| Service /Procedure | Not Specified | For signature | For grad. display | Appointment of Project/Study Leaders/Extension Communicators | Request for Training |
|--|---------------|---------------|-------------------|--|----------------------|
| Number of responses documented | 5 | 1 | 1 | 3 | 0 |
| Total number of transactions completed (to be filled out by the office) | 5 | 20 | Cannot be traced | 14 | 0 |
| 1. Responsiveness | 100% | 100% | 100% | 100% | |
| 2. Reliability | 100% | 100% | 100% | 100% | |
| 3. Access & Facilities | 100% | 100% | 100% | 100% | |
| 4. Communication | 100% | 100% | 100% | 100% | |
| 5. Costs | 80% | N/A | N/A | N/A | |
| 6. Integrity | 100% | 100% | 100% | 100% | |
| 7. Assurance | 100% | 100% | 100% | 100% | |
| 8. Outcome | 100% | 100% | 100% | 100% | |
| 9. Overall | 80% | 100% | 100% | 100% | |

| Service /Procedure | Availing Consultancy Services/ Technical Assistance | Availing the Training Services (Programmed) | Communication Materials Production | Endorsement/ Approval of Extension Project Proposal | VSU-TVET Program |
|--|---|---|------------------------------------|---|------------------|
| Number of responses documented | 0 | 0 | 0 | 0 | 0 |
| Total number of transactions completed (to be filled out by the office) | 0 | 0 | 6 | 2 | 0 |

2. POSITIVE FEEDBACK

| Item | Feedback | Remarks |
|------|--|---------|
| 1.1 | Commendations: 1.1.1 None | |

3. SUGGESTIONS

| Item | Feedback | Validation Remarks (by unit head) | Remarks (by CFO) |
|------|-------------------------------------|--------------------------------------|---------------------|
| 2.1 | Suggestion: 2.1.1 None | | |

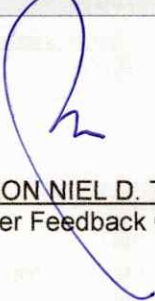

4. NEGATIVE COMMENTS

| Item | Feedback | Validation Remarks (to be filled out by CFO) | Further Action (to be filled out by CFO) |
|------|--|---|--|
| 3.1 | Negative Comments: 3.1.1 None | | |

4. GENERAL ASSESSMENT

The office has been performing well.
Continue its feedback collection from its clientele along with the focus on determining what service the clients
availed.

5. SIGNATORIES

| | |
|---|------------------|
| Prepared by: | Acknowledged by: |
|  <u>GIDEON NIEL D. TAN</u> Customer Feedback Officer | |
|  <u>ALELI A. VILLOCINO</u> QMO | |



CUSTOMER FEEDBACK REPORT

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|------------------------------|-----------------------------|
| IP Control No: CFR-23-378 | Date: October 26, 2023 |
| Department/Office: Extension | For the Month of: September |

1. SERVICE DIMENSION RATING

| Service /Procedure | Appointment of Project/Study Leaders/Extension Communicators | Request for Training | Availing Consultancy Services/ Technical Assistance | Availing the Training Services (Programmed) |
|---|--|----------------------|---|---|
| Number of responses documented | 1 | 0 | 0 | 0 |
| Total number of transactions completed (to be filled out by the office) | 12 | 2 | 1 | 0 |
| 1. Responsiveness | 100% | | | |
| 2. Reliability | 100% | | | |
| 3. Access & Facilities | 100% | | | |
| 4. Communication | 100% | | | |
| 5. Costs | N/A | | | |
| 6. Integrity | 100% | | | |
| 7. Assurance | 100% | | | |
| 8. Outcome | 100% | | | |
| 9. Overall | 100% | | | |

| Service /Procedure | Communication Materials Production | Endorsement/ Approval of Extension Project Proposal | VSU-TVET Program |
|---|------------------------------------|---|------------------|
| Number of responses documented | 0 | 0 | 0 |
| Total number of transactions completed (to be filled out by the office) | . | 1 | 0 |

2. POSITIVE FEEDBACK

| Item | Feedback | Remarks |
|------|--|---------|
| 1.1 | Commendations: 1.1.1 None | |

3. SUGGESTIONS

| Item | Feedback | Validation Remarks (by unit head) | Remarks (by CFO) |
|------|-------------------------------------|--------------------------------------|---------------------|
| 2.1 | Suggestion: 2.1.1 None | | |

4. NEGATIVE COMMENTS


| Item | Feedback | Validation Remarks (to be filled out by CFO) | Further Action (to be filled out by CFO) |
|------|--|---|---|
| 3.1 | Negative Comments: 3.1.1 None | | |

4. GENERAL ASSESSMENT

Need to improve its feedback collection from its clientele along with the focus on determining what service the clients availed.

5. SIGNATORIES

Prepared by:


GIDEON NIEL D. TAN
Customer Feedback Officer


ALELI A. VILLOCINO
QMO

Acknowledged by: