

## Office of the President

2/F Administration Building
Visca, Baybay City, Leyte, PHILIPPINES

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14 August 2019

MEMORANDUM CIRCULAR NO. 80
Series of 2019



T O: All VPs, Deans, Dept/Center/Institute/Unit Heads and All Concerned

Employees of VSU Main

R E: Strict Implementation of Customer Satisfaction Feedback

In the light of iSO 9001:2015 QMS implementation at VSU main, all unit/office heads should strictly operationalize the Customer Satisfaction Feedbacking procedure as required in Clause 9 of ISO. As such, every unit/office should enforce this mandatory procedure and assign focal person or front desk officer who will be responsible in assisting customers who have been served (students, co-employees, parents, suppliers, project partners, and other interested parties) in filling out the Customer Satisfaction Form that we have revised based from previous form prepared by ODAHRD (attached).

It is highly advised that all clients served should fill out the form indicated. The filled out forms will be collected by QAC staff weekly for analysis and reporting. Concerns/issues reported, will be brought up for appropriate corrective action. Failure of complying this requirement will be ground for nonconformity (NC) of ISO standards. Hence, all units/offices should strictly comply this requirement. Procedure on this effect should be clearly cascaded to all units.

Please be guided accordingly.

EDGARDO E. TULIN

5 President





## **CUSTOMER SATISFACTION FORM**

Dear Valued Customer,

Thank you for choosing Visayas State University. Your experience in our services is important to us. Your feedback will greatly help us to assist you better and this will also serve as input for the improvement of our processes and service. Please let us know by filling out the form below. Thank you.

Date:	Time:					
Customer Type:						
[ ] Student [ ] F	aculty	[	] Aluı	mni		
[ ] Parent [ ] I	Employee	[	] Gue	st		
[ ] Others (Specify)						
Office/Department/ College/Unit Visited:						
Services Availed:						
[ ] Consultation/Inquiry		[]	[ ] Payments			
[ ] Submission of Documents		[ ] Request for Data				
[ ] Follow-up Documents		[]	[ ] Scholarship			
[ ] Request for Assista	nce					
[ ] Issuance of TOR, D	iploma, etc.					
[ ] Others(specify): _					_	
Scale: 5-Outstanding	4-Bette	r	3	3-Good	1	
2-	Fair	1-Po	or			
	Rating	5	4	3	2	1
1. Politeness/Courtesy	given by					
staff/service provider.				-		
2. Competence/knowle	edge of					
staff/service provider.			-			
Service provided at a very						
reasonable time.		-	-	-	-	-
<ol><li>Purpose of visit/tran accomplished.</li></ol>	saction					
Overall Experience.				+		1
Comment/Suggestion	ns:				-	
Commenty Suggestion	,,,,,,					
Name of Client:						
(Optional) Contact Number:						
(Optional)			***			
For inquiries and feedback at (053)563-7534 or ema				Assura	nce Ce	enter

VISION: A globally competitive university for science, technology, and environmental conservation.

MISSION: Development of a highly competitive human resource, cutting-edge

scientific knowledge and innovative technologies for sustainable communities and environment

FM-QAC-02	Control Number:	
Rev.: 00	07-16-2019	



## Quality Assurance Center

Visca, Baybay City, Leyte Telefax: +63 53 563 7534 Email:qac@vsu.edu.ph Website: www.vsu.edu.ph

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Thank you.					
<b>《西西斯》</b>				3 91	
Date: Time:					
Customer Type: [ ] Student [ ] Faculty	[]	Alun	nni		
[ ] Parent [ ] Employee	[]	Gue	st		
[ ] Others (Specify)			_		
Office/Department/ College/Unit Visited: Services Availed:					
[ ] Consultation/Inquiry	[]Pa	aym	ents		
[ ] Submission of Documents	[ ] Request for Data				
[ ] Follow-up Documents	[]S	[ ] Scholarship			
[ ] Request for Assistance					
[ ] Issuance of TOR, Diploma, etc.					
[ ] Others(specify):				_	
Scale: 5-Outstanding 4-Bette	r	3	-Good	d	
2-Fair	1-Poor				
Rating	5	4	3	2	1
Politeness/Courtesy given by					
staff/service provider.  2. Competence/knowledge of					
staff/service provider.					
Service provided at a very					
reasonable time.					
4. Purpose of visit/transaction					
accomplished.	-		-	-	-
5. Overall Experience.					
Comment/Suggestions:					
Name of Client:					
(Optional) Contact Number:					
(Optional)		***			
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