

**Customer Feedback Form  
Public Assistance Counter  
(Front)**

TESDA-OP-AS-03-F01  
Rev. 00-03/01/2017

CUSTOMER FEEDBACK FORM

Pangalan \_\_\_\_\_ Edad \_\_\_\_\_ Petsa \_\_\_\_\_  
Kasarian  Lalaki  Babae  
Tirahan/Tanggapan \_\_\_\_\_  
Telepono/CP # \_\_\_\_\_ email address \_\_\_\_\_

**Lagyan ng tsek ( ✓ ) ang patlang ayon sa antas ng serbisyong iyong natanggap.**

- |  |       |       |       |
|--|-------|-------|-------|
| 1. Mabilis na serbisyo                                     | ___ ☺ | ___ ☹ | ___ ☹ |
| 2. Mahusay na serbisyo                                     | ___ ☺ | ___ ☹ | ___ ☹ |
| 3. Magalang na empleyado                                   | ___ ☺ | ___ ☹ | ___ ☹ |
| 4. Malinis at maayos na tanggapan                          | ___ ☺ | ___ ☹ | ___ ☹ |
| <b>Kabuuang antas ng kasiyahan sa serbisyong natanggap</b> | ___ ☺ | ___ ☹ | ___ ☹ |

**Irerekomenda nyo po ba ang TESDA sa inyong kamag-anak at kaibigan?** \_\_\_ Oo (Yes) \_\_\_ Hindi (No)

Mahalaga po sa amin ang inyong suhestyon. Pakisulat lamang po sa mga patlang.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Lagda

MARAMING SALAMAT PO!

**Legend:**

☺ Very Satisfactory

☹ Satisfactory

☹ Poor

**Customer Feedback Form  
Public Assistance Counter  
(Back)**

**FOR TESDA USE**

Control No. \_\_\_\_\_

**SERVICE/S RENDERED**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> <b>Assessment and Certification</b> | <input type="checkbox"/> <b>Program Registration</b> | <input type="checkbox"/> <b>Training</b> | <input type="checkbox"/> <b>Others</b> |
| <input type="checkbox"/> Competency Assesment                | <input type="checkbox"/> Application                 | <input type="checkbox"/> Regular         | _____                                  |
| <input type="checkbox"/> Certification (NC/COC/NTTC/TMC)     | <input type="checkbox"/> Re-registration             | <input type="checkbox"/> Scholarship     |  |
| <input type="checkbox"/> Accreditation (Application/Renewal) | <input type="checkbox"/> Others                      | <input type="checkbox"/> CAV/SO          | <input type="checkbox"/> <b>Admin</b>  |
| <input type="checkbox"/> Others                              |  | <input type="checkbox"/> Others          | _____                                  |

**ACTION TAKEN:**

- Referred to \_\_\_\_\_
- Specify Action Taken of Concerned Office/Focal Person
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Signature of Customer Service Officer









REGIONAL/PROVINCIAL OFFICE  
MONITORING OF CUSTOMERS SERVED  
Period Covered  
Location:

MODALITIES	NUMBER OF INQUIRIES
Total Telephone Calls Received	
Total SMS Received	
Total emails Received	
Total Mails Received	
Total Facebook Customers Served	
Total	

**CUSTOMER FEEDBACK SATISFACTION MONTHLY ANALYSIS**  
**(Customer Inquiry and Feedback Form TESDA-SOP-CSC-03-F01)**  
**For the month of**

**A. Total Number of Clients Served by Gender**

Gender	No. of Clients
Female	
Male	
<b>Total</b>	

**B. Distribution of Clients Served by Age Group**

Age Group	No. of Clients
15-25	
26-35	
36-45	
46-55	
56-65	
66 and Above	
Age not indicated	
Total	

**C. Total Number of Clients by Reason of Visit**

Reason for Visit	No. of Clients
Assessment & Certification	
UTPRAS	
Training	
Scholarship	
Admin. Related	
Others	
Total	

**D. Action Provided Relative to Purpose of Visit**

Action Provided	No. of Clients



Total	

**E. Overall Rating**

Rating	No. of Clients

**F. Feedback on Other Service Area**

Other Areas Rated	VS	S	P	TOTAL

**ANALYSIS:**

Technical Education and Skills Development Authority  
(TESDA)

Form (Year)	REQUEST/FEEDBACK FORM	AREA (Region) (Province)
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Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Office \_\_\_\_\_ Email address \_\_\_\_\_

DETAILS OF REQUEST/FEEDBACK

\_\_\_\_\_  
(Signature over Printed Name)

**FOR TESDA USE**

Tracking Number \_\_\_\_\_

Endorsed to	Date Endorsed	Remarks	Action Taken	Date of Action

Technical Education and Skills Development Authority  
(TESDA)

Transmittal Year ____	TRANSMITTAL OF DOCUMENTS, REPORTS AND ELECTRONIC MAILS(e-mail)	Date
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TO:

FROM:

DATE	DETAILS

Signature over Printed Name  
of the Head of Office

Technical Education and Skills Development Authority  
(TESDA)

Year ____	<b>COMPLAINT REPORT FORM</b>	DATE
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<b>NAME OF COMPLAINANT:</b> _____ _____ Signature	<b>COMPLAINT</b>
	RECEIVED BY: _____
	RECEIVED ON: _____

NATURE OF COMPLAINT	DETAILS OF COMPLAINT

ACTION TAKEN		
Details of Action Taken:		
Name and Position of Personnel Acting on complaints		Date:
Noted by:		Date:

ACKNOWLEDGMENT OF ACTION TAKEN	
CONFORME _____ Signature over Printed Name	Date: _____



Form 2 **Inventory/Accomplishments of Citizen's Served in the Frontline Services Enrolled in the Citizen's Charter**

Attached Agency

Period Covered:

Feedback Box Location

Frontline Service in the Citizen Charter	Month/ Year	Total Number of Clients Served					
		AA	Offices	RO	PO	DO	TOTAL
<b>Assessment and Certification</b>							
<b>Registration</b>							
<b>Training</b>							
<b>Scholarship</b>							
<b>Other Programs and Services</b>							
<b>Complaints</b>							
<b>Total</b>							