

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

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

CUSTOMER FEEDBACK FORM

Petsa \_\_\_\_\_

Pangalan \_\_\_\_\_ Edad \_\_\_\_\_ 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:

<b>MODALITIES</b>	<b>NUMBER OF INQUIRIES</b>
<b>Total Telephone Calls Received</b>	
<b>Total SMS Received</b>	
<b>Total emails Received</b>	
<b>Total Mails Received</b>	
<b>Total Facebook Customers Served</b>	
<b>Total</b>	

**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)**

<b>Transmittal Year ____</b>	<b>TRANSMITTAL OF DOCUMENTS, REPORTS AND ELECTRONIC MAILS(e-mail)</b>	<b>Date</b>
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**TO:**

**FROM:**

<b>DATE</b>	<b>DETAILS</b>

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> _____ _____ <p style="text-align: center;">Signature</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;"><b>COMPLAINT</b></td> </tr> <tr> <td style="padding: 5px;">RECEIVED BY: _____</td> </tr> <tr> <td style="padding: 5px;">RECEIVED ON: _____</td> </tr> </table>	<b>COMPLAINT</b>	RECEIVED BY: _____	RECEIVED ON: _____
<b>COMPLAINT</b>				
RECEIVED BY: _____				
RECEIVED ON: _____				

NATURE OF COMPLAINT	DETAILS OF COMPLAINT

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

<b>ACKNOWLEDGMENT OF ACTION TAKEN</b>	
CONFORME _____ <p style="text-align: center;">Signature over Printed Name</p>	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>							