



## Outside

### Customer's Contact Details:

Date of visit

Time In

Time Out

Name

Contact Address

Tel./Mobile

Email

Person/Office Visited

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

## CUSTOMER FEEDBACK SURVEY FORM



Right Project. Right Cost. Right Quality. Right People.

For more inquiries, please contact us:  
 STAKEHOLDERS RELATIONS SERVICE  
 Ground Floor, DPWH- Head Office Bldg.  
 Bonifacio Dr., Port Area, Manila

You may visit us at [www.dpwh.gov.ph](http://www.dpwh.gov.ph)

Call us at (02) 304-3370

SMS us at 2920

Email us at [dpwh\\_feedback@yahoo.com](mailto:dpwh_feedback@yahoo.com)

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DATE ISSUED	REVISION NO.	REVISION DATE
1/12/2014	2	3/28/2016

ISO9001:2008  
 CERTIFIED

## Inside

This survey shall be treated confidentially. Please complete this form and drop it in the box provided. Your answer is of great importance to further improve our service to the public. Thank you.

Please check  the appropriate box that best represents your answer.

What is the nature of your feedback?  Comment  Suggestion  Praise  Complaint

**1 PEOPLE**  
 Do you feel secured and satisfied with the office and personnel you are transacting with??

	😊 Yes	☹ No
1) Security guard		
2) Competence of Staff		
3) Behavior of Staff		

**2 PROCESS**  
 Did the processes and procedures meet your expectations?

	😊 Yes	☹ No
1) Quality		
2) Efficiency of systems/ procedures		
3) Timeliness		

**3 FACILITIES/ AMENITIES**  
 Do the facilities meet your standards?

	😊 Yes	☹ No
1) Office/ Work Environment		
2) Restroom		
3) Parking Area		

If your answer is NO, please state your reason/s.

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How was your experience in visiting DPWH?

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# CUSTOMER SATISFACTION FEEDBACK SUMMARY REPORT

Year: \_\_\_\_\_ Quarter: \_\_\_\_\_

Office: \_\_\_\_\_

*(Regional Office, District Engineering Office)*

<b>Summary of total number of respondents per nature of feedback</b>				
Comment	Suggestion	Praise	Complaint	<i>Not Indicated</i>

<b>Summary of total number of respondents per category</b>								
PEOPLE	☺ YES	☹ NO	PROCESS	☺ YES	☹ NO	FACILITIES/AMENITIES	☺ YES	☹ NO
1) Security guard			1) Quality			1) Office/ Work Environment		
2) Competence of Staff			2) Efficiency of systems/ procedures			2) Restroom		
3) Behavior of Staff			3) Timeliness			3) Parking Area		

Prepared by:

Submitted by:

\_\_\_\_\_  
*(Action Officer)*

\_\_\_\_\_  
*(Head of Office)*

# CUSTOMER SATISFACTION FEEDBACK SUMMARY REPORT

Year: \_\_\_\_\_ Quarter: \_\_\_\_\_

## COMMENTS

*Taken verbatim from the feedback forms.*

**(Please insert Regional Office)**

<b><i>(Please insert name of DEO)</i></b>	
<i>If your answer is NO, please state your reason/s.</i>	<i>How was your experience in visiting DPWH?</i>
<b><i>(Please insert name of DEO)</i></b>	