



## CUSTOMER SATISFACTION SURVEY FORM

Reference No: \_\_\_\_\_

Company Name: \_\_\_\_\_

Type of Client: ( ) G2C – General Public  
( ) G2B – Businesses/Organizations  
( ) G2G – Government Agency, Employee or Official

ADMATEL Test/Service Availed: \_\_\_\_\_

### We VALUE your opinion! How would you rate our service?

(Please encircle your rating)

Dimension	Description	Outstanding	Very Satisfactory	Satisfactory	Needs Improvement	Poor	Not Applicable
Responsiveness	Promptness of response to customer's request	5	4	3	2	1	N/A
Reliability (Quality)	Accuracy, quality and timeliness of services provided	5	4	3	2	1	N/A
Access & Facilities	Accessibility & location, convenience of amenities (waiting area, billing process, payment method) and availability and cleanliness of the facilities	5	4	3	2	1	N/A
Communication	Clarity of relevant information on the services provided	5	4	3	2	1	N/A
Cost	Value for money	5	4	3	2	1	N/A
Integrity	Transparency in the transactions and protection of confidential information	5	4	3	2	1	N/A
Assurance	Staff is knowledgeable, competent, and understanding of customer's needs	5	4	3	2	1	N/A
Outcome	Rendered service achieved/fulfilled the customer's test requirement	5	4	3	2	1	N/A

How did you learn about ADMATEL? ( ) Website ( ) Facebook ( ) Email ( ) LinkedIn ( ) Phone Invitation  
( ) Referral ( ) Others, pls. specify \_\_\_\_\_

Kindly provide suggestions/recommendations so we can improve our service/s:

\_\_\_\_\_

\_\_\_\_\_

Other comments: \_\_\_\_\_

Name & Signature

(Optional)

Date

Form: AL-09-F9  
Issue: 28 January 2021  
Revision: 05

Prepared by PMISD  
Dec. 23, 2020