



MANAGEMENT SERVICES DEPARTMENT
PRIME MINISTER'S OFFICE

CUSTOMER'S FEEDBACK FORM

MSD/BKHEA/BOR/09E

Version 1.1

The aim of this form is to obtain feedback on the quality on the services delivered by Officers and Staff members of the Management Services of Department, towards our customers.

Please tick ✓ where necessary

1. What is your reason for coming to this department?

- Attending meeting
- Getting consultancy service/advice
- Making a complaint
- Others, please state _____

2. How frequent do you visit Management Services Department?

- Daily
- Monthly
- Whenever necessary
- Others, please state _____

3. Please rate our services during your visit to this department:

No Criteria

	Excellent	Very Good	Good	Satisfactory	Unsatisfactory
a) Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Waiting time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Knowledge on services/problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Explanation given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Staff Presentability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please state any suggestions on how we can improve our services:

Date : _____

Time : _____

Thank You