

**CLIENT FEEDBACK TO PROGRAM IMPLEMENTERS/SERVICE PROVIDERS  
(DOLE Central Office – Bureaus)**

Thank you for giving us the opportunity to serve you.  
Please help us improve the quality of our services by taking a few minutes to tell us about your experience with us.

**CLIENT INFORMATION:**

Client Type:

General Public

Business

Name of Business: \_\_\_\_\_

Government Agency/Official/Employee

Name of Government Agency: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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






Date: \_\_\_\_\_

Sex:  Male  Female

Please put a check mark (✓) in the appropriate box corresponding to your response. (Pakilagyan ng tsek (✓) ang kahon na nagsasaad ng iyong tugon.)

**SERVICE AVAILED (Serbisyong Kinailangan):**

- |                                                                                                                                      |                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Clearing of Fabrication Design of Mechanical Equipment                                                      | <input type="checkbox"/> Issuance of Certification from DOLE that a Company Has/Has No Pending Case – for Regional Office Appealed Labor Relations Cases                      |
| <input type="checkbox"/> Disposition of Appealed Cases Filed with the Bureau of Labor Relations                                      | <input type="checkbox"/> Issuance of Certification that a Company Has/Has No Pending Labor Standards Case Appealed Before the Office of the Secretary of Labor and Employment |
| <input type="checkbox"/> Disposition of Original Cases Filed with the Bureau of Labor Relations                                      | <input type="checkbox"/> Registration of Workers Association Operating in More Than One Region and Federation/National Union                                                  |
| <input type="checkbox"/> Issuance of Certificate of Appearance for Professional Mechanical Engineer/Professional Electrical Engineer | <input type="checkbox"/> OTHERS, please specify: _____                                                                                                                        |

Particulars (Mga Detalye)	Strongly Agree (Lubos na sumasang-ayon)	Agree (Sang-ayon)	Neither Agree nor Disagree (Ni sang-ayon o hindi sumasang-ayon)	Disagree (Hindi sang-ayon)	Strongly Disagree (Lubos na hindi sumasang-ayon)
					
1. The requested service/s is/are delivered in a timely manner (Ang hinihinging serbisyo ay naibigay sa takdang oras)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The client's queries/needs is/are properly responded to by the concerned personnel or unit (Nakatugon ng maayos sa katanungan/pangangailangan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The service/s and facility/ies is/are easily accessible (Maayos na serbisyo o pasilidad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The instructions are clearly indicated in the Citizen's Charter (Malinaw at nakaayon ang instruksyon sa Citizen's Charter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The fees are reasonable (Resonable ang hinihinging bayad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The client feels safe and secured in doing the transaction (Walang alinlangan sa pakikipag-transaksyon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The Action Officer is knowledgeable on the DOLE programs/services (Ang Action Officer ay may sapat na kaalaman sa programa/serbisyo ng DOLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The client is satisfied with the service/s received (Nasiyahan sa serbisyong natanggap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Complaint about our service (Reklamo sa serbisyong ibinigay):	Suggestion/Recommendation (Mungkahi/Rekomendasyon):
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Signature (Lagda): \_\_\_\_\_