



**Department of Public Works and Highways**  
 Citizen/Client Satisfaction Survey  
 Feedback Form

Good day!

Thank you for availing this frontline service offered by the Department of Public Works and Highways (DPWH). Doing business with you gives us a sense of pride as Public Service is one of our core values. With this, we want to hear some of your thoughts on the service you availed. This will help us to further improve doing public service with you! As a general instruction, please provide the information as needed and for items with options, kindly place a check mark on the space/box provided.

Frontline Service Availed:	
Date Availed:	
Time Availed:	
Name of Client (optional):	
Gender:	Age:
Type of Transaction: ___ Business Owner/Representative ___ Gov't Representative ___ General Public	

**Citizen's Charter**

- Do you know about the Citizen's Charter (document of an agency's services and reqs)
  - 1. Yes, aware before my transaction with this office
  - 2. Yes, but aware only when I saw the CC of this office
  - 3. No, not aware of the CC (skip questions 2 and 3)
- If **YES** to the previous question, did you see this office's Citizen's Charter?
  - 1. Yes, the CC was easy to find
  - 2. Yes, but the CC was hard to find
  - 3. No, I did not see this office's CC (skip question 3)
- If **YES** to the previous question, did you use the Citizen's Charter as a guide for the service/s you availed?
  - 1. Yes, I was able to use the CC
  - 2. No, I was not able to use the CC because \_\_\_\_\_

Service Quality Dimension Statement		Rating Scale				
		Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
1	There was an overall sense of willingness to help, assist, and provide the service I was availing.					
2	The output of the service was delivered following the policy and standards, with zero to a minimal error.					

Kindly return this form to the staff or employee who assisted you in availing the service. Rest assured that your personal information will be processed with respect to the Data Privacy Act of 2012 (RA 10173). Thank you!



3	The location is convenient, with ample amenities for comfortable transactions. Clear signages and/or modes of technology were also used to ease my transaction.					
4	There were clear instructions on the next steps that I have to undergo and all my queries were answered satisfactorily.					
5	The billing process is efficient and reasonable.					
6	I have trust that the service I am availing is done fairly.					
7	The frontline staff who assisted me was capable in doing his/her job, understanding and helpful.					
8	The service I availed is essential to my business/personal goals.					

\_\_\_\_\_  
Signature of Client

Kindly return this form to the staff or employee who assisted you in availing the service. Rest assured that your personal information will be processed with respect to the Data Privacy Act of 2012 (RA 10173). Thank you!



Department of Public Works and Highways  
(Name of Office)



**CITIZENS' FEEDBACK MANAGEMENT CENTER  
DULUGAN FORM**

*\*Ang impormasyon ng nagrereport ay magiging confidential at anonymous sa inyong kahilingan*

ORAS at PETA ng pagrereport: \_\_\_\_\_

PANGALAN ng Empleyadong NAG-ASIKASO: \_\_\_\_\_

PANGALAN ng NAGREREPORT: \_\_\_\_\_

Numero ng TELEPONO/CELLPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SAAN nangyari ang nirereport: \_\_\_\_\_

ANO ang dahilan ng PAGDULOG: Sumbong (  ) Hiling (  ) Katanungan (  )

Iba pa \*ilagay ang dahilan ng pagdulog ( \_\_\_\_\_ )

*\*maari po lamang na ilakip ang inyong pormal na sulat kung saan nakasaad ang kabuuang salaysay ng inyong sumbong, hiling, o katanungan sa likod*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MGA ISINUMETENG DOKUMENTO/ EVIDENSIYA:

A- \_\_\_\_\_

B- \_\_\_\_\_

C- \_\_\_\_\_

D- \_\_\_\_\_

E- \_\_\_\_\_

Pagsang-ayon sa paggamit ng Personal na Impormasyon: Aking nauunawaan na ang mga ibinigay kong Personal na Impormasyon ay gagamitin lamang bilang batayan sa reklamo/sangguni/katanungang idinulog sa DPWH bilang pagtugon sa *Data Privacy Act of 2012*. Sa paglagda ng form na ito ay aking pinapahintulutan ang DPWH na ang nasabing impormasyon ay para lamang mabatid ang aking pagkakilanlan at kung saan ako maaaring makipag-ugnayan upang ipaalam ang naging aksyon sa aking pagdulog.

\_\_\_\_\_  
*Pangalan ibabaw ng lagda*

INIREFER sa: \_\_\_\_\_

AKSYON na ginawa ng EMPLEYADONG NAG-ASIKASO:

\_\_\_\_\_  
\_\_\_\_\_

DPWH CFMC TRX NO. \_\_\_\_\_

SRS-SAD FORM#3