



CUSTOMER SATISFACTION SURVEY FORM



OFFICE: _____

Name: _____
(Optional)

Address: _____

Tel. No.: _____

E-mail: _____

Date: _____

Male

Female

SERVICE AVAILED (please check)

License Application

- Student
- Professional
- Non-Professional
- Others:

Type of Application

- New
- Renewal
- Others:

Registration

- New
- Renewal
- Others:

LETAS

- Admitted
- Contested
- Others:

Part I. Customer Satisfaction Rating

	YES	NO
Are you aware of the LTO Citizen's Charter?	<input type="checkbox"/>	<input type="checkbox"/>
Are you satisfied with the services rendered by the office in terms of the following?		
a. Efficiency	<input type="checkbox"/>	<input type="checkbox"/>
b. Timeliness	<input type="checkbox"/>	<input type="checkbox"/>
c. Quality	<input type="checkbox"/>	<input type="checkbox"/>
d. Courtesy / Friendliness	<input type="checkbox"/>	<input type="checkbox"/>
Are you satisfied with our office facilities in terms of the following?		
a. Waiting Area	<input type="checkbox"/>	<input type="checkbox"/>
b. Comfort Room	<input type="checkbox"/>	<input type="checkbox"/>
c. Public Address System	<input type="checkbox"/>	<input type="checkbox"/>
d. Queuing System	<input type="checkbox"/>	<input type="checkbox"/>

Part II. Customer Feedback

Recommendation / Suggestion / Desired Action

“Adhikaing Pagbabago: Mabilis, Mabisang Reporma at Progresibong pamamahala Tungo sa Ganap at Makabuluhang Serbisyong Publiko”