



**MINISTRY OF RURAL AND MARITIME DEVELOPMENT AND DISASTER
MANAGEMENT**

Customer Survey Form

Dear Customer,

Your opinion makes a difference! Please help us provide the best possible service to you by filling out this customer feedback form.

Thank you very much!

Our Service Characteristics	How important is this service to you? 1. Not Important 2. Important 3. Not relevant 4. Very Important	Are you satisfied with our performance? 1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
Service delivery is quick and accurate	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>
Service is fair, reliable, honest, and friendly?	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>
My problems are resolved quickly, and the officers are attentive	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>
Documents and Forms are easy to access and follow	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>
I can easily access the service	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>
Dear Customer, please list other important issues:		1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>

Comments and suggestions:.....
.....

Name: [optional]..... Company/Village/Settlement [optional].....
Date:.....