



**CLIENT FEEDBACK FORM ON PROGRAM IMPLEMENTERS/SERVICE PROVIDERS
(Central and Regional Offices)**

In our effort to continually improve the delivery of our programs and services, we give great value to your feedback. (Sa aming layunin na patuloy na mapaghusay ang pagbibigay ng aming mga programa at serbisyo, aming pinahalalagan ang inyong komento/mungkahi.)

Please put a check mark in the appropriate box corresponding to the program you have availed of. (Pakilagyan ng tsek ang kahon na nagsasaad ng programang napakinabangan.)

- | | |
|--|--|
| <input type="checkbox"/> Special Program for Employment of Students (SPES) | <input type="checkbox"/> Labor and Employment Education Services (LEES) |
| <input type="checkbox"/> Government Internship Program (GIP) | <input type="checkbox"/> Union/CBA/Workers Association Registration |
| <input type="checkbox"/> Labor Market Information (LMI) | <input type="checkbox"/> DOLE Integrated Livelihood and Emergency Employment Program (DILEEP) |
| <input type="checkbox"/> Employment Facilitation Program through the Public Employment Service Office (PESO) | <input type="checkbox"/> Social Amelioration Program (SAP) |
| <input type="checkbox"/> Tripartite Industrial Peace Council (TIPC/TRIPARTISM) | <input type="checkbox"/> Child Labor Prevention and Elimination Program (CLPEP) |
| <input type="checkbox"/> Single Entry Approach (SEnA) | <input type="checkbox"/> Family Welfare Program (FWP) |
| <input type="checkbox"/> Speedy and Expeditious Delivery (SpeED) of Labor Cases | <input type="checkbox"/> Balik Pinay, Balik Hanapbuhay |
| <input type="checkbox"/> Dispute Resolution | <input type="checkbox"/> Livelihood Development Assistance Program (LDAP) |
| <input type="checkbox"/> Labor Laws Compliance System (LLCS) | <input type="checkbox"/> OTHERS (Services provided by ROs/FOs, OSEC, Services, Bureaus): _____ |
| <input type="checkbox"/> Workers Organization Development Program (WODP) | |

Please encircle the number that best describes your assessment of the program/service availed of and the quality of our facilities. (Pakibilugan ang bilang na tumutugma sa iyong kasagutan.)

- 4 Excellent
3 Very Satisfactory
2 Satisfactory
1 Unsatisfactory

I. Efficiency

The program/service was (Ang programa/serbisyo ay):

- | | | | | |
|---|---|---|---|---|
| 1. Provided on time (Naibigay sa takdang oras) | 1 | 2 | 3 | 4 |
| 2. Provided courteously (Ibinigay ng may paggalang) | 1 | 2 | 3 | 4 |

II. Effectiveness

- | | | | | |
|--|---|---|---|---|
| 3. Responded to your needs
(Nakatugon sa iyong pangangailangan) | 1 | 2 | 3 | 4 |
| 4. Will you recommend the program/service to other people?
(Mairerekomenda mo ba ang programa/serbisyo ito sa ibang tao?) | 1 | 2 | 3 | 4 |

III. Quality of Facilities (For walk-in clients only)

- | | | | | |
|---|---|---|---|---|
| 5. Signage (Mga Panuto) | 1 | 2 | 3 | 4 |
| 6. Orderliness of Receiving Area (Kaayusan ng Tanggapan) | 1 | 2 | 3 | 4 |
| 7. Cleanliness of the Office and Toilet (Kalinisan ng Opisina at Palikuran) | 1 | 2 | 3 | 4 |

Other comments/recommendations which may help improve the quality of the program implementation/service delivery. (Iba pang komento/mungkahi na maaaring makatulong upang mapagbuti ang kalidad ng pagpapatupad ng programa/pagbibigay ng serbisyo.)

Thank you (Salamat po.)

Name/Pangalan (Optional/Opsyonal): _____ Signature/Lagda: _____

Program/Service Provider (Office/Opisina): _____ Person/Tao: _____

Date (Petsa) : _____