



University of the Philippines Diliman

# CLIENT FEEDBACK FORM

Unit: \_\_\_\_\_  
Service Requested: \_\_\_\_\_

Instruction: Please encircle the number that corresponds to your rating.

- A. How would you rate our service/s in term of quality?  
1. Poor                      2. Fair                      3. Good                      4. Very Good                      5. Excellent
- B. How would you rate our service/s in terms of timeliness?  
1. Poor                      2. Fair                      3. Good                      4. Very Good                      5. Excellent
- C. Overall, how would you rate your experience with our service/s?  
1. Poor                      2. Fair                      3. Good                      4. Very Good                      5. Excellent

Any suggestion/s on how we can improve our service delivery?

---

---

---

---

---

---



University of the Philippines Diliman  
**CLIENT COMPLAINT FORM**

Unit: \_\_\_\_\_  
Service Requested: \_\_\_\_\_

A. Name of Person subject to complaint: \_\_\_\_\_  
B. Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Evidence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information of Complainant**

In order for us to give feedback on the action taken relative to your complaint, kindly provide us the following information:

A. Name of Complainant: \_\_\_\_\_  
B. Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_